

Name: \_\_\_\_\_

Your Residential Address: \_\_\_\_\_

\_\_\_\_\_

Your Postal Address: \_\_\_\_\_

\_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Address where dog(s) come from: \_\_\_\_\_

\_\_\_\_\_

Description of dog(s) \_\_\_\_\_

\_\_\_\_\_

Time of day dog(s) bark: \_\_\_\_\_

Possible causes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has the problem existed: \_\_\_\_\_

\_\_\_\_\_

Have the owners been made aware: \_\_\_\_\_

Any other relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO THE CITY OF PALMERSTON

 In Person: Level 1, Civic Plaza,  palmerston@palmerston.nt.gov.au  
1 Chung Wah Terrace, Palmerston

 PO Box 1 Palmerston NT 0831  8935 9922  8935 9900

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