Anchorage Animal Care and Control Center
WITNESS STATEMENT

Statement Date: _____ Activity No: _____ Officer: _____

Incident Date: _____ Animal ID: _____ Badge No: _____

I, _____, of _____, (address) certify, under penalty of perjury, that the following is true based on personal information and belief.

(Please describe in detail what occurred, when it occurred, where it occurred, and who was present. Provide dates and times, the names and phone numbers of others involved and include fact, as opposed to opinion.)

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I certify that the information provided above is true and correct to the best of my knowledge and I am willing to testify to such under oath in an administrative hearing or in the Superior Court of the State of Alaska.

Signature: _____ Home phone: _____

Residence Address: _____ Work Phone: _____

Mailing Address: _____

A.D.L. _____ Date of Birth: _____