

## **Town of McClellanville Animal Complaint Form**

Phone number 843-887-3712 Town of McClellanville 405 Pinckney Street McClellanville, SC 29458

Please print and complete this form in its entirety. An incomplete or unclear submission may cause a delay in processing. Anonymous complaints are not accepted.

Your Name			
Please Print	(First)	(Last)	
Mailing			
Address:	(Street)		
	(City)	(State)	(Zip)
Phone:	(	<del>-</del>	
	(Area Code)	(Phone Number	er)
	Owner of Complaint An	imal; Name/address/phone no	umber:
	Incident In	formation/Description:	
Location:			
Description of L	Oog:		
Description of I	ncident and comments:		
Did you notify (	Charleston Co. Sheriff office:	No Yes	
		No les l	
Witnesses' Nam	es and Phone Numbers:		
I certify that the	e information provided on this for	m is true I further hereby ac	oree to testify as the
	tness if this matter should proceed		ice to testify as the
			<del> </del>
Signature		Da	ate