COMMUNITY & PARTNER ENGAGEMENT DEPARTMENT
BYLAW SERVICES
CITY OF NORTH VANCOUVER
141 WEST 14TH STREET
NORTH VANCOUVER
BC / CANADA / V7M 1H9
T 604 982 8302
F 604 985 8439
BYLAW@CNV.ORG
CNV.ORG

Barking Dog Complaint

Name: _____

Address: _____ Phone: _____

Address of Barking Dog: _____

Log Dates From: _____ to _____

Does the dog usually bark for more than 15 minutes at a time? Yes ____ No ____

Particulars (brief statement as to what has occurred) _____

_____

_____

_____

When completed, email the form to animalcontrol@cnv.org. The form can also be dropped off or mailed to City Hall - Attention Bylaws.

	Time.....		The Barking is.....		
Date	**Barking Starts**	**Barking Ends**	**Occasional**	**Frequent**	**Continuous**

Barking Dog Occurrence Report

	Time.....		The Barking is.....		
Date	**Barking Starts**	**Barking Ends**	**Occasional**	**Frequent**	**Continuous**

I, _____, of _____,
(Name) (Address)

North Vancouver, B.C., state that to the best of my knowledge the information I provided within is true and correct, and I would be willing to provide evidence in an adjudication hearing, if required.

Signed: _____ Date: _____