Longview
ANIMAL CARE & ADOPTION CENTER

303 H.G. Mosley Pkwy, Longview, TX 75604

City of Longview Animal Control
Witness Statement

Name: _____Date of Birth: ____/____/_____

Address: _____

Phone #: _____Alternate phone #: _____

Location where written: _____

Description of Animal: Breed: _____ Color: _____ Sex: _____

Location of Incident: _____

Date/time of incident: _____

Name of Animal Owner: _____

Address of Animal Owner: _____

Statement: _____

Do not write on the back of this form. Use another form or blank sheet of paper. The City of Longview may release information concerning this statement, including name and address, in accordance with requests made pursuant to the Texas Public Information Act.

I certify under penalty of perjury under laws of the State of Texas that the foregoing statement of ____ lines is true and correct. I further agree to appear in court, if necessary, to testify to the above incident.

Signature: _____Date/Time: _____