DOG FIELD INCIDENT REPORT

Anderson Township Park District

ALL SPACES MUST BE COMPLETED

NAME OF REPORTEE	TELEPHONE		
STREET ADDRESS	CITY	STATE	ZIP
NATURE OF INCIDENT	DATE AND TIME OF OCCURRENCE		
YOUR DOG PERMIT #	REPORT RECEIVED BY:		
WITNESSE(S) NAME AND CONTACT NUMBER ONLY			

DETAILS OF INCIDENT: Please include all known information about other dogs involved in the situation, i.e., owner names, their permit numbers, etc. Please use the back of this form if additional space is required.

MY SIGNATURE VERIFIES THAT ALL OF THE ABOVE INFORMATION IS ACCURATE AND TRUE.

SIGNATURE **DATE**

Please return form to: Anderson Township Park District, Attn: Dog Field Incident Report, 8249 Clough Pike, Cincinnati, OH 45244
Fax: 513.388-2494 or Email to ATPDOffice@AndersonParks.com