



**COMMUNITY DEVELOPMENT DEPARTMENT**  
**Joan Davenport, AICP, Director**  
**Office of Code Administration, Phone (509) 575-6038**  
**129 North Second Street, 2nd Floor Yakima, Washington 98901**  
**[www.yakimawa.gov/services/animal-control/](http://www.yakimawa.gov/services/animal-control/)**

### Declaration of Probable Cause

**Complainant must fill in all lines**

Owner of Dog(s): _____	Phone Number: _____
Address: _____ _____	Location of Incident: _____ _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Charge: _____ _____	
Animal Control Officer Name _____	Number _____
Time and Date of Incident: Time _____ Date _____ Time _____ Date _____ Time _____ Date _____	Description of Dog(s): _____ _____ _____
Complainant Name: _____ Phone: _____ Complainant Address: _____ City _____ State _____ Zip Code _____	
Circumstances supporting probable cause: Complainant must state specific dates and times of the dog violation. Begin your narrative with "I saw...". Explain how you are able to identify the dog. Thank you	
Circumstances Supporting Probable Cause: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
Print (First and Last) _____	Signature _____
Date _____	Place of Signature _____

