

Hudson NH Police Department Barking & Animal Noise Affidavit

YOUR NAME: _____
YOUR ADDRESS: _____
YOUR PHONE NUMBER & EMAIL: _____

*Incident information (Be specific with all details, dates and times; fill in all fields use N/A if do not know)
Incomplete affidavits will NOT be processed and you will not be notified that the case is closed.*

DATE OF NOISE/BARKING: _____
Start Time (circle AM or PM): _____ AM/PM End Time: _____ AM/PM
Longest break in noise: _____ hours _____ minutes _____ seconds
Approximate number of interruptions or breaks during the listed time: _____
Do you have an audio or video recording of the incident? ___ YES ___ NO
Animal Description: _____
Address of Noise/Barking: _____
Approximate Distance from Noise to your Address: _____
Name of Owner/Keeper (if known): _____ Check if you spoke to them.

Do you know if the dog is tethered? ___ Yes ___ No
Is the dog/animal confined to a specific area ___ Yes ___ No
 If "yes" – What area? _____
Does the dog/animal appear to be injured? ___ Yes ___ No
Other observations of dog/animal condition: _____

Detailed Description of the incident (please provide as much exact detail as possible, continue on page 2.

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Page 2: Detailed Description of the Incident (continued from page 1)

I declare under penalty of perjury, under the laws of the United States of America and NH RSA 641:1, that the foregoing is true and correct.

Signature and Date
State of New Hampshire, County of Hillsborough

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,
by _____

Personally known ____ or Produced Identification ____

Type of Identification Produced:

Notary seal & signature