



Statement of Witness to alleged dog attack

I, _____

Date of Birth _____

Of _____

Phone: _____ Mobile: _____

This statement is true to the best of my knowledge and belief. I have made this statement knowing that it is tendered in evidence and that I will be guilty of a crime if I have wilfully included in the statement anything that I know to be false or that I do not believe is true. **I acknowledge I may be called as a Witness in Court**

Alleged Attack Details

Date:		Location:	
Details:			
Alleged Attack Dog:			
Name:		Breed:	
Microchip No:		Registered:	

I wish to report that,

Signed: _____ Date: _____

Witness Statement Continued...

Signed: _____ **Date:** _____

Return completed statement to Ballina Shire Council within 48 hours