



STRATHCONA COUNTY ENFORCEMENT SERVICES

Please find enclosed the Strathcona County Enforcement Services Barking Package. This package will assist in the investigation of a dog barking complaint.

Strathcona County Bylaw 85-2006 states:

6.4 An Owner whose dog barks or howls thereby disturbing the quiet or repose of any person is guilty of an offence.

Please complete the barking package in as much detail as possible. In order to assist in issuing a warning or a ticket as a follow-up to the barking package, all of the elements of the offence need to be recorded. For example, each entry must have a date, start and stop time and a description of the conditions surrounding the dog. Please do not include personal information that is not related to the dog barking complaint.

Please note that there is no guarantee a warning or ticket will be issued once this package is returned to Enforcement Services. If a ticket is issued following receipt of a completed barking package, you may be required to attend Court to provide testimony.

Keep a **detailed** log of the barking activity and how it affects you for at least 7 days (should be filled out only by one member of the family to avoid confusion of who heard what and when). This will give us a good idea of what is going on, when the barking is occurring, and the duration of the barking. The more information you can give us, the better chance we will have of dealing with your complaint.

Remember - by providing this information you may be required to testify in Court.



File # _____

Strathcona County Enforcement Services Barking Package

Complainant Information	
Date:	
Name:	Phone Number:
Address:	
Description of Dog(s)	
Breed:	Color:
Size:	Sex:
Distinguishing Features:	
Where is (are) the dog(s) from?	
How do you know where the dog(s) is (are) from?	
Where is (are) the dog(s) located on the property?	



File #: _____

Strathcona County Enforcement Services Barking Package – Record of Disturbance

How do (did) you determine which dog(s) is (are) barking?
Are you aware of anything that provokes the dog(s) to bark?
Is there any provocation to the dog barking that you are aware of?
How has the barking affected you?
Additional Comments:

Signature: _____

Date: _____

Page ____ of ____



File #: _____

**Strathcona County Enforcement Services
Barking Package – Record of Disturbance**

<i>Complainant Information</i>		<i>Source of Disturbance</i>	
Name:		Name of Owner (If Known):	
Address:		Location:	
Phone Number:		Description of Dog(s):	

<i>Date:</i>	<i>Time Started Barking:</i>	<i>Time Stopped Barking:</i>	<i>Comments:</i>

Signature: _____

Date: _____

Page ____ **of** ____



File #: _____

Strathcona County Enforcement Services Barking Package – Record of Disturbance

<i>Complainant Information</i>	<i>Source of Disturbance</i>
Name:	Name of Owner (If Known):
Address:	Location:
Phone Number:	Description of Dog(s):

<i>Date:</i>	<i>Time Started Barking:</i>	<i>Time Stopped Barking:</i>	<i>Comments:</i>

Signature: _____

Date: _____

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File #: _____

Strathcona County Enforcement Services Barking Package – Record of Disturbance

<i>Complainant Information</i>		<i>Source of Disturbance</i>	
Name:		Name of Owner (If Known):	
Address:		Location:	
Phone Number:		Description of Dog(s):	

<i>Date:</i>	<i>Time Started Barking:</i>	<i>Time Stopped Barking:</i>	<i>Comments:</i>

Signature: _____

Date: _____

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Personal information is collected under authority of sections 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to manage and administer Strathcona County's bylaw enforcement program. Information will be disclosed as allowed or required by applicable legislation. If you have any questions regarding the collection, use or disclosure of your personal information, please contact Supervisor or Coordinator, Enforcement Services, Strathcona County at 780-449-0170.



File #: _____

Strathcona County Enforcement Services Barking Package – Record of Disturbance

Complainant Information	Source of Disturbance
Name:	Name of Owner (If Known):
Address:	Location:
Phone Number:	Description of Dog(s):

Date:	Time Started Barking:	Time Stopped Barking:	Comments:

Signature: _____

Date: _____

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Strathcona County Enforcement Services Barking Package – Record of Disturbance

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