

**TOWN OF FOXBOROUGH  
MASSACHUSETTS**

**VIOLATION OF DOG BY-LAWS**

**COMPLAINANT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

**DOG OWNER OR KEEPER:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

License # \_\_\_\_\_

Description of Dog: \_\_\_\_\_

Date and Time of Violation: \_\_\_\_\_

Complaint:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

MAIL TO: Susan Thibedeau, Dog Officer  
40 South Street  
Foxborough, MA 02035  
508-384-2523