# Animal Control Request for Action Form No._____

Date: _____
Received by: _____ Phone Extension _____
Via: Phone____ Letter ____ In Person ____ Other _____

**1. Complainant Information**

Name: _____
Address: _____City/State: _____ Zip Code: _____
Day phone: _____
Eve phone: _____
Cell/msg: _____

**2. Problem/Situation:**

_____
_____
_____
_____
_____
_____
_____
_____
_____

**3. Solution Desired:**

_____
_____
_____
_____

**4. Forwarded for action to: _____Date _____**

**5. Resolution (attach written response):**

_____
_____
_____

**6. Closed by _____Date _____**

**Office Use:**

| | | | | | |
|---|---|---|---|---|---|
| | **Customer Service** ☐ | | **Kennel** ☐ | | **Code Enforcement** ☐ |
| **F** ☐ | **Adoptions** ☐ | | **T17** ☐ | | **SLOW/NO Response** ☐ |
| **UF** ☐ | **Refunds** ☐ | | **Other** _____ | | |

Please fax to 343-8134 or mail to Animal Control at 4711 Elmore Road, Anchorage, AK 99507 for resolution. For questions call 343-8118.