

**PLEASE KEEP THIS COVER SHEET FOR REFERENCE**

**DEFECATION**  
**AFFIDAVIT**

**PLEASE READ INSTRUCTIONS CAREFULLY**

IN ORDER FOR ANIMAL SERVICES AND ENFORCEMENT TO PROCESS THE CASE IN A TIMELY MANNER, WE ARE REQUESTING THAT YOU SUBMIT YOUR NOTORIZED AFFIDAVIT WITHIN 96 HOURS (4 DAYS) OF THE INCIDENT. PLEASE BE SPECIFIC. THE AFFIDAVIT MUST BE NOTORIZED AND CONTAIN THE FOLLOWING INFORMATION: WHO? WHAT? WHEN? AND WHERE?

**NAME AND ADDRESS OF AFFIANT**

**DESCRIBE THE ANIMAL TO THE BEST OF YOUR ABILITY**

(Breed, Color/Markings, Name, Age)

**NAME AND ADDRESS OF OWNER**

**TIME AND DATES OF INCIDENTS/VIOLATIONS-WITNESSED PERSONALLY**

Describe the incident/violation. You **MUST** give a **specific date and time**.

**LOCATION OF INCIDENT/VOILATION**

State the area/location of the animal at the time of the incident/violation.

**PHOTOGRAPHS (IF POSSIBLE)**

Photos of the animal in violation of County Ordinance. Please document on the back of the photo, the date, time and whereabouts of the animal.

**ALL STATEMENTS MUST BE NOTORIZED**

**RETURN YOUR AFFIDAVIT TO:**

**BREVARD COUNTY**  
**ANIMAL SERVICES AND ENFORCEMENT**  
**1515 SARNO ROAD, BLDG A**  
**MELBOURNE, FL 32935**

IF YOU HAVE ANY FURTHER QUESTIONS OR NEED FURTHER ASSISTANCE PLEASE CALL (321) 633-2024 OR (321) 255-4346.

**BREVARD COUNTY  
ANIMAL SERVICES AND ENFORCEMENT DEPARTMENT  
1515 SARNO ROAD, BLDG A  
MELBOURNE, FL 32935  
(321) 633-2024 OR (321) 255-4346**

AFFIANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PHONE # (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

DATE OF STATEMENT \_\_\_\_\_ TIME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

ANIMAL OWNER'S NAME (IF KNOWN) \_\_\_\_\_

ADDRESS \_\_\_\_\_

**STATEMENT:** (PLEASE DESCRIBE & ENTER TIME/DATES OF VIOLATION. LOCATION OF INCIDENT. DESCRIPTION OF ANIMAL (BREED, COLOR/MARKINGS, NAME, AGE. PHOTOGRAPHS (IF POSSIBLE))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF AFFIANT**

\_\_\_\_\_  
**DATE**

STATE OF FLORIDA,  
COUNTY OF BREVARD

SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

BY \_\_\_\_\_ PERSONALLY KNOWN TO ME OR PRESENTED

THE FOLLOWING FOR IDENTIFICATION \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE