**Neighbourhood Services**

**DOG FOULING DIARY**

Service Request No: …………………………………………

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| --- | --- | --- |
| Date & time of incident | Location  | Description (details of dog, fouling etc) |
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Signed:……………………………………………………………… Date: ………………………

Name …………………………………………………………………………………

Address ……………………………………………………………………………………..………….

Data Protection: The information you provide on this form will only be used to help Carlisle City Council to investigate the complaint you have made. The details contained in the form will only be disclosed to persons involved in that process and will be treated in the strictest confidence.