

CLAIMANT'S APPEAL FROM ADVERSE DECISION OF THE DOG WARDEN

(To be filed with the Township Trustees not later than twenty (20) days after claimant's discovery of loss or injury)

Presented to the Trustees of _____ Township, _____ County, Ohio, on the _____ day of _____, _____, being not more than twenty (20) days after discovery of loss or injury.

Net damages claimed by owner \$ _____

Net damages allowed by Dog Warden \$ _____

Other adverse rulings by Dog Warden _____

----- (CLAIMANT DOES NOT COMPLETE BALANCE OF FORM) -----

Questions for Witness No. 1

1. What is your name and address?
_____ Address _____ Township _____
2. Are you related to the claimant in any way? Yes _____ No _____ If "yes", state relationship _____.
3. Have you any interest, direct or indirect, in the ownership of the animals, fowl, or poultry killed or injured? Yes _____ No _____
4. Have you any interest, direct or indirect, in the claim for damages? Yes _____ No _____ If "yes", state interest _____
5. Did you view the animal(s), fowl, or poultry killed or injured? Yes _____ No _____ If "yes", state when and where _____
6. Was the damage done in whole or in part by any dog or other animal kept or harbored by the claimant, or by any employee or tenant upon the claimant's premises? _____
7. Do you know the identity of the owner of the dog or dogs committing the injury? Yes _____ No _____ If "yes", identify owner _____
8. Is the claimant's statement correct as to the number of animals, fowl, or poultry killed or injured? Yes _____ No _____
9. If the claimant's statement is incorrect, state the number of animals killed and/or injured.

10. Is the claimant's statement correct, just, and reasonable as to the fair market value of the animal(s), fowl, or poultry killed and/or injured? Yes _____ No _____ If "no", state your opinion as to the fair market value _____.
11. Could any value be attached to the carcass(es), or the pelt(s) of the animal(s), fowl or poultry killed? Yes _____ No _____ If "yes", how much? _____.

THIS STATEMENT IS MADE SUBJECT TO THE CRIMINAL PENALTIES FOR FALSIFICATION PROVIDED FOR IN SECTION 2921.13 OF THE REVISED CODE.

(Signature of Witness)

(Address of Witness)

(Date)

Questions for Witness No. 2

1. What is your name and address?
_____ Address _____ Township _____
2. Are you related to the claimant in any way? Yes _____ No _____ If "yes", state relationship _____.
3. Have you any interest, direct or indirect, in the ownership of the animals, fowl, or poultry killed or injured? Yes _____ No _____
4. Have you any interest, direct or indirect, in the claim for damages? Yes _____ No _____ If "yes", state interest _____
5. Did you view the animal(s), fowl, or poultry killed or injured? Yes _____ No _____ If "yes", state when and where _____

6. Was the damage done in whole or in part by any dog or other animal kept or harbored by the claimant, or by any employee or tenant upon the claimant's premises? _____
7. Do you know the identity of the owner of the dog or dogs committing the injury? Yes _____ No _____
If "yes", identify owner _____
8. Is the claimant's statement correct as to the number of animals, fowl, or poultry killed or injured?
Yes _____ No _____
9. If the claimant's statement is incorrect, state the number of animals killed and/or injured.

10. Is the claimant's statement correct, just, and reasonable as to the fair market value of the animal(s), fowl, or poultry killed and/or injured? Yes _____ No _____ If "no", state your opinion as to the fair market value _____
11. Could any value be attached to the carcass(es), or the pelt(s) of the animal(s), fowl or poultry killed?
Yes _____ No _____ If "yes", how much? _____

THIS STATEMENT IS MADE SUBJECT TO THE CRIMINAL PENALTIES FOR FALSIFICATION PROVIDED FOR IN SECTION 2921.13 OF THE REVISED CODE.

(Signature of Witness)

(Address of Witness)

(Date)

REPORT OF TRUSTEES ON THE APPEAL

To the County Commissioners of _____ County, Ohio:

The within appeal having been duly presented to the Trustees of _____ Township, on the _____ day of _____, _____, confirmed by parole or written testimony of the within named witnesses, we, the Trustees of said Township, make the following finding concerning the damages to claimant and the fees to the witnesses in the amount stated below, and hereby transmit the same to you with the testimony taken:

Allowance to claimant: (_____ dollars) \$ _____

Claimant's name _____

Address _____

Allowance to witnesses:

Six dollars (\$6) per witness and ten cents (\$.10) per mile

List name, address, and amount for each witness:

Witness _____ \$ _____

Address _____

Witness _____ \$ _____

Address _____

_____)

_____)

_____)

) Township
Trustees
)

Auditor's Consecutive No. Record Page	ANIMAL CLAIM OF Township County, Ohio P.O. Address..... Filed..... County Auditor	Allowance is made this day of,, on within claim as follows: Owners of animal or animals \$..... Witness \$..... Witness \$.....	County Commissioners))))	
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