



Marion County Board of County Commissioners

Animal Services

5701 SE 66th St.
Ocala, FL 34480
Phone: 352-671-8700
Animal Control: 352-671-8727
Fax: 352-671-8717

INSTRUCTIONS: DOMESTIC ANIMAL NOISE DISTURBANCE AFFIDAVIT

The Animal Services department has received your request for service regarding a domestic animal noise disturbance. Prior to an animal control officer's response for an investigation, resolution and the possible issuance of a civil citation, your cooperation is essential. As per your request, attached you will find two affidavit forms. **Notice:** As per Marion County Code, Chapter 4, Section 4-12 (b) "*...persistently or continuously for at least 30 minutes occurring at least three separate times within a period of no more than eight hours. For the purposes of this Section, "persistently" or "continuously" shall mean nonstop utterances for 30 consecutive minutes with interruption of less than 30 seconds at a time...*" As per Florida State Statute 828.27, Subsection (7) and Marion County Code, Chapter 4, Section 4-12(d)(3) "*This subsection shall not apply to animals on land zoned for agricultural purposes.*"

The following is necessary when filling out the attached affidavit:

- Describe the nature of your problem. Be specific.
- When did the problem begin?
- What hardship has it caused?
- Have you taken any steps to solve the problem? (e.g., talking to the animal owner)
- Identify the animal(s) and clear directions to the location the animal resides.
- Your contact information for daytime hours.
- Illustrate the time, date and length of time each noise disturbance occurs.

Illustrated times are important to establish a nuisance pattern and demonstrate the animal owner is in violation of Marion County Code in the event a citation is contested.

- **Two** completed affidavits **from different households** residing in close proximity to the alleged nuisance must be received at the same time. (*Marion County Code, Chapter 4, Section 4-25*)
- **All affidavits must be notarized.** If a citation is issued, you and your witness will be required to testify in court to provide testimony regarding the domestic animal noise disturbance if the citation is contested.

Notarized affidavits must be returned to Animal Services, emailed to AnimalServices@marioncountyfl.org faxed, or mailed back to the address above within 21 days of the activity being opened. Failure to meet the time requirements will result in the activity being closed.

If you have any questions regarding the enclosed documents, please call 352-671-8727.



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DOMESTIC ANIMAL NOISE DISTURBANCE AFFIDAVIT

AFFIANT'S NAME _____ ACTIVITY # _____
FIRST NAME LAST NAME

ADDRESS _____ CITY _____ ZIP _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

DRIVER'S LICENSE _____ DATE OF BIRTH _____ AGE _____

ANIMAL OWNER'S NAME (IF KNOWN): _____
FIRST NAME LAST NAME

ADDRESS _____ CITY _____ ZIP _____

STATEMENT: (Additional pages may be added)

DESCRIPTION OF ANIMAL(S) CREATING NOISE DISTURBANCE: (Species, color, size of each)

DATE: _____ BEGIN TIME: _____ END TIME: _____ LENGTH: _____

DATE: _____ BEGIN TIME: _____ END TIME: _____ LENGTH: _____

DATE: _____ BEGIN TIME: _____ END TIME: _____ LENGTH: _____

DATE: _____ BEGIN TIME: _____ END TIME: _____ LENGTH: _____

DATE: _____ BEGIN TIME: _____ END TIME: _____ LENGTH: _____

"I swear (or affirm) that the above statements and allegations are true and correct to the best of my knowledge and belief."

SIGNATURE OF AFFIANT

DATE

STATE OF FLORIDA
COUNTY OF _____

PERSONALLY KNOWN TO ME
 ID PRESENTED _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____, by (name of affiant) _____.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(SEAL) PRINT, TYPE OR STAMP NAME OF NOTARY



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FIRST NAME LAST NAME

ADDRESS _____ CITY _____ ZIP _____

PHONE #(HOME) _____ (CELL) _____ (WORK) _____

DRIVER'S LICENSE _____ DATE OF BIRTH _____ AGE _____

ANIMAL OWNER'S NAME (IF KNOWN): _____
FIRST NAME LAST NAME

ADDRESS _____ CITY _____ ZIP _____

STATEMENT: (Additional pages may be added)

DESCRIPTION OF ANIMAL(S) CREATING NOISE DISTURBANCE: (Species, color, size of each)

DATE: _____ BEGIN TIME: _____ END TIME: _____ LENGTH: _____

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SIGNATURE OF AFFIANT

DATE

STATE OF FLORIDA PERSONALLY KNOWN TO ME

COUNTY OF _____ ID PRESENTED _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____, by (name of affiant) _____.

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