



## 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) *"Any animal barking, whining, howling or making objectionable noises that can be clearly heard beyond the boundaries of the owner's property and that continues for a minimum continuous period of thirty (30) minutes may be considered a nuisance. In making a determination whether to cite an animal owner for a nuisance based on a noise-related disturbance, the animal control officer shall exercise his or her sound discretion, based on the totality of the circumstances and upon the standard of a "reasonable objective complainant" in such circumstances."* As per Florida State Statute 828.27, Subsection (7) and Marion County Code, Chapter 4, Section 4-12(b)(3) *"This subsection shall not apply to domestic 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 4-27*)
- **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](mailto: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 by means of  physical presence or  online notarization, 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)

\_\_\_\_\_

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DATE: \_\_\_\_\_ BEGIN TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_ LENGTH: \_\_\_\_\_

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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  PERSONALLY KNOWN TO ME

COUNTY OF \_\_\_\_\_  ID PRESENTED \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by (name of affiant) \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(SEAL) PRINT, TYPE OR STAMP NAME OF NOTARY