



Hull Animal Control

Michael Sampson

Animal Control Officer

253 Atlantic Avenue Hull, Ma 02045

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Resident Complaint Form

Complainant Information

Name: _____

Address: _____

Phone: _____

Date of Complaint: _____ Time of Complain: _____ AM/PM

Location of Complaint: _____

Owners Information (If Known)

Name: _____

Address: _____

Type of Animal: _____ Description of Animal: _____

Breed: _____ Color: _____ Size: _____ Name: _____

Detailed Description of Complaint
