Animal Control Officer
(845) 798-2340
Fax: (845) 583-4710
Completed Forms can be emailed to bethelclerk@hvc.rr.com

TOWN OF BETHEL

COMPLAINT FORM

Deposition of Witness

State of New York
County of Sullivan
Town of Bethel

Date:_____

Deponent: _____
Address: _____
_____
Phone No._____

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Notice: False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

_____
Signature of Deponent