

Polk County Sheriff's Office

218-281-0431 • 600 Bruce Street • PO Box 416 • Crookston, MN 56716

Request for Appeal of the Dangerous Dog Designation

I hereby request a hearing pursuant to MN Statute §347.541 Subd. 4 to appeal the Dangerous Dog designation placed on the animal owned by me and identified herein. The hearing officer will be an impartial third party. If the dangerous dog declaration is upheld all costs of the hearing (up to \$1000) will be the responsibility of the dog's owner. **I understand that I must provide this information to the County in writing within 14 days of the original Notice of Dangerous Dog, or I will be deemed to have waived the right to a hearing. If necessary, I will attach additional pages to provide the required information.**

Name of dog declared as dangerous: _____

Dog's breed, color, age, sex, and reproductive status: _____

Full name & address of the dog's owners: _____
(Owner means anyone possessing, harboring, keeping, having an interest in, or having care, custody or control of the dog.)

My address: _____

My daytime and evening phone numbers: _____

My ownership interest in the dog: _____

Witnesses I intend to call at the hearing: _____

List of any exhibits I will present (Copies must be provided with this form): _____

Reasons this dog should not be designated as dangerous: _____

You must submit this information to the Polk County Sheriff's Office, 600 Bruce Street, Crookston, MN 56716, within 14 days of the date of the Notice of Dangerous Dog, or you will be deemed to have given up your right to appeal. The animal will then be considered a "dangerous dog" pursuant to Minn. Stat. §347.50 and subject to all laws and regulations pertaining to dangerous dogs.

(Signature of Dog's Owner/Representative)

_____/____/____
(Issuing Officer/Badge Number & Date)