

SHIRE OF GOOMALLING

Office Address: 32 Quinlan Street, Goomalling Postal Address: PO Box 118, Goomalling WA 6460 Telephone: (08) 9629 1101 Email: goshire@goomalling.wa.gov.au

ANIMAL CONTROL –APPLICATION FOR 3-6 DOGS PERMIT

I hereby apply to keep more than two dogs in accordance with section 26 (3) of the Dog Act 1976.

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Owner						
Phone						
Propert	y address					
Assessm	nent#					
Postal a	ddress					
email						
Date of	application					
	ve mentioned anin	nal's ownership h	as changed:			
	IFORMATION					
No. of Dogs	Dog Name	Breed	Colour	Age	Sex	Registration #
1						
2						
3						
4						
5						
6						
REASO	N FOR REQUEST	:				
It is ne	cessary for me t	o keep more th	an two dogs be	ecause:		
DECLAF	RATION					
		 on I declare that I	have suitable fen	cing and m	eans of hou	using the above Dogs.
оро	and abbusan			o8 aa		
Signatu	re					
Name						
Date						

OFFICE USE ONLY			
Receipt	Staff Signature:	APPROVAL	Council Meeting Date:
#		□Yes	
		□No	Resolution No