Municipal Update Form

Municipality: __________________________  Phone: __________________________

Clerk: __________________________  Fax: __________________________

Mailing Address: __________________________  Email: __________________________

Name of Contracted Animal Shelter: __________________________

**Animal Control Officer (Must be completed)**

Name: __________________________  Date Certified: __________________________

Mailing Address: __________________________  CE date*: __________________________

Phone #’s:

During business hours: __________________________

Email: __________________________  After business hours: __________________________

Emergency: __________________________

What number should members of the public use?

Is there an emergency number for Animal Welfare and the State Police to reach the ACO?

*Completion date of 8 hours continuing education training.

The contact information for the public to reach the ACO will be published on our website.