Municipal Animal Control Officer Designation

Municipality :

ACO Supervisor Information			
ACO Supervisor Title and Name		ACO Supervisor Address	
ACO Supervisor Phone		ACO Supervisor Email	

ACO Supervisor Signature_____ Date _____

Animal Holding Information			
Type of Holding Facility (municipal, private, shared regional)		Do you have a municipal adoption program? (Yes/No)	
Holding Facility Name		Types of Animals Housed (dogs, cats, other)	
Holding Facility Address			

Animal Control Officer Information			
Number of ACOs		General ACO Email (if available)	
ACO Mailing Address		ACO Main Phone Number	

ACO status Please write Current, Remove, or Add	ACO Name and Title	ACO Emergency Phone Number	ACO Email(s) * if Private	ACO Date of Hire