



MASSACHUSETTS ANIMAL FUND ANIMAL CONTROL OFFICER DESIGNATION 2017

Please copy this form and fill out completely for each ACO employed by your municipality

ANIMAL CONTROL OFFICER INFORMATION

ACO Name: _____

ACO Municipal Phone Number: _____

ACO Municipal Email*: _____

ACO Municipal Mailing Address*: _____

ACO Personal Contact (optional): _____

This ACO is employed: (circle) FULL TIME PART TIME PER DIEM

This ACO is the: (circle) SUPERVISOR PRIMARY ASSISTANT

SUPERVISOR DESIGNATION

By signing this form, I certify that the above animal control officer has been designated by our municipality to perform the duties described in M.G.L. Chapter 140, Section 151 for the year 2017.

Signature: _____

Printed Name: _____

Municipal Department: _____

Mailing Address*: _____

Email Address*: _____

**All correspondence from the Massachusetts Animal Fund/Massachusetts Department of Agricultural Resources will be sent to these addresses.*