Change of Address and/or Ownership details Replacement Registration Tag ($6.60 per Tag)

|  |
| --- |
| Current Owners Full Name: |
| Street Address: |
| Postal Address: |
| Telephone Number (H):  | (W) | (M) |

*Being the owner of the animal/s mentioned below;*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current Tag No | Animals Name | Microchip No | Sterilised | New Tag No |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***New address and or Owner details***

|  |
| --- |
| Owners Full Name: |
| Street Address: |
| Postal Address: |
| Telephone Number (H):  | (W) | (M) |

I wish to advise the Town of Port Hedland Ranger Services that the above mentioned animals are now residing at the following address;

***To the best of my knowledge and belief all the information I have provided is true and correct and I am aware that it is an offence to provide false or misleading information.***

**Signature of owner/previous:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Signature of new owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Office Section Only** |
| Staff Member accepting form:  |
| Date: | Receipt No if for new Tag: |
| Date updated in synergy: |