

## **APPLICATION FORM**

TO KEEP THREE (3) OR MORE CATS

Appendix 1 - Cat Policy - Dev 36

FORM 113

Pa	rt 1 Applicants Details						Date stamp
	Name						
	Day Care Care District Novel				Mala II - Dhana		
	Daytime Contact Phone Numb	er			Mobile Phone		
	Postal Address						
	Email Address						
	Are you the Legal Owner of the	e cats in	auestion?				
	Yes	o cato ii	i quodioii.		No place encure	vau alaa aamalata D	orto 4 9 E
	res				No, please ensure y	ou also complete P	ans 4 & 5
Pa	rt 2 Proposed Cats to be Kept						
	Breed	Sex	Colour	Age	Name	Registration No	Local Government
	Breed	Jex	Colodi	Age	Name	Registration No	Local Government
1							
_							
2							
3							
Ŭ							
4							
5							
J							
6							
Pa	rt 3 Property details of Applicatior	ı to Keep	Three (3) or More Cats				
	Lot No Street No	St	reet Name				
	Suburb						
	1						
Pa	rt 4 Owner of cats (ONLY complete	e if the A	pplicant is NOT the legal o	owner of t	the cats)		
	Owner Name						1
	1						
	Daytime Contact Phone Numb	er			Mobile Phone		
	1						
	Dootal Address						
	Postal Address						
	1						
	Email Address						
	1						
	<u> </u>						

Part 5 Ongoing ownership of cats (ONLY complete if the Applicant is NOT the legal owner of the cats)					
Will the cats be returned to the owner as described in Part 4?					
NO					
YES, please provide return date below:					
Return Date					
Part 6 Please provide justification for applying to keep three (3) or more cats					
Part 7 Declaration					
I certify that the details on this application are true and correct (false or misleading information may affect my application). I understand that					
completion of this form does not constitute automatic approval of my application.					
Signature of Applicant Date					
Part 8 Return form to					
Shire of Dardanup					
1 Council Drive/PO Box 7016					

EATON WA 6232

Phone: (08) 9724 0000 Email: records@dardanup.wa.gov.au

