BARKLY REGIONAL COUNCIL

Tag Replacement

Particulars of Owners

Of (Street Address):		
Postal (Address):		Phone No:
Hereby apply for Tag repla	cement of registration (1) of	my dog to 30 June 20
Particulars of Dog		
Rene	wal Slips DATE	:
Dog Name:	Age:	
Male Female	(Please Circle)	
Whole Desexed	(Please Circle)	
Declaration		
•	t out to be true and set out for tenant creek (Control of Do	or Tag replacement of Registration (1) Of mygs) By-Laws.
Signature o	of applicant	Date
Office Use Only:		
Office Use Only: Previous Tag Number:	Amount Paid:	New Tag Number: