

STATEMENT IN THE MATTER OF CAT SEIZURE

DECLARATION

This statement made by me, accurately sets out the evidence which I would be prepared, if necessary, to give in court as a witness. The statement is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to Prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true		
Name:	Date of Birth:	<u>]</u>]
Flat / Street No: Street:		
Suburb or Town:	Post Code:	Phone:
STATEMENT		
Provide a description of the Cat:		
Male D Female D What date was the Cat seized://		
Provide reason as to why the Cat was seized: (what animal, other than vermin was the cat threatening to injure or kill):		
Provide a short description of the events that occurred, leading up to the seizure of the Cat:		
Neighbours contacted:		
1. Full Name:	_Address:	Phone No:
2. Full Name:	_Address:	Phone No:
3. Full Name:	_ Address:	Phone No:
4. Full Name:	Address:	Phone No:
Signature: D	ate:// Witness:	Date://
The cat will not be accepted by Council unless all neighbour contact details are completed. *Please note neighbours may be contacted by Council for verification.		

PRIVACY POLICY - By completing this form you are enabling Wollondilly Shire Council to collect personal information about you for the purpose of assisting in the determination process of your application. This information is required by law and failure to provide the information may lead to rejection or delays of your application. At any time you have the right to access, view or correct the personal information that you have provided. The information will be stored in Council's record system and may be placed on Council's website or be subject to a request to access information under the Government information (Public Access) Act 2009 (GIPAA).

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