

Shire of Lake Grace

Ph: 08 9890 2500 Fax: 08 9890 2599 1 Bishop Street, Lake Grace, PO Box 50, Lake Grace WA 6353 forms@lakegrace.wa.gov.au

File No.0396

Record No.

Working Dog Concession Declaration

To be completed by Owner			
Name of Owner			
Address of Owner (residential)			
protecting stock and as s	- · · · · · · · · · · · · · · · · · · ·	s necessary for that p	ose of droving, tendering, working or ourpose. I am prepared to demonstrate ger or authorised officer.
Signature:			Date:
Dog details			
Name			
Sex			
Breed			
Colour			
Microchip Number			
OFFICE USE ONLY			
Registration Number:			oiry:
Authorising Officer:			nature: