

TRIM Reference: _____



APPLICATION TO KEEP MORE THAN THE PRESCRIBED NUMBER OF CATS

APPLICANT DETAILS

Owner/Occupier: _____

Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Make the following application to have more than three (3) cats registered at the above address as per the requirements of the City of Greater Geraldton's Cats Local Law 2020 as amended. *Please Note: There is no application fee.*

CAT DETAILS

CAT 1	Registration No: _____	Name of Cat: _____
	Breed: _____	Colour: _____
	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Sterilised: <input type="checkbox"/> Yes <input type="checkbox"/> No
CAT 2	Registration No: _____	Name of Cat: _____
	Breed: _____	Colour: _____
	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Sterilised: <input type="checkbox"/> Yes <input type="checkbox"/> No
CAT 3	Registration No: _____	Name of Cat: _____
	Breed: _____	Colour: _____
	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Sterilised: <input type="checkbox"/> Yes <input type="checkbox"/> No
CAT 4	Registration No: _____	Name of Cat: _____
	Breed: _____	Colour: _____
	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Sterilised: <input type="checkbox"/> Yes <input type="checkbox"/> No
CAT 5	Registration No: _____	Name of Cat: _____
	Breed: _____	Colour: _____
	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Sterilised: <input type="checkbox"/> Yes <input type="checkbox"/> No

Why do you consider you need more than three (3) cats?

How did you happen to obtain more than three (3) cats?

Have you had any complaints or are you in dispute with any of your neighbours regarding your cats? If so, please provide details.

Are you a member of a Cat Organisation/Association? Yes No

If YES, name of organisation/association: _____

Are you running a breeding program? Yes No

ADJOINING NEIGHBOUR'S DETAILS

Neighbour on my right of my property;

House Number: _____ Street Name: _____

Neighbour on my left of my property;

House Number: _____ Street Name: _____

Neighbour on at the rear of my property;

House Number: _____ Street Name: _____

If you do not have neighbours to the left, right or rear of my property, please supply this information.

Completion of this form does not constitute automatic approval of your application. This application will be assessed and reviewed, which may include an inspection of your premises to assist with the final outcome.

Signature: _____ Date: _____