

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lt. Governor

MATTHEW A. BEATON
Secretary

JOHN LEBEAUX
Commissioner

December 20, 2016

Dear Animal Control Supervisor,

As per Massachusetts General Law, Chapter 140, Section 151, the mayor of each city and the board of selectmen of each town shall annually designate an animal control officer, who may be a police officer or constable. The mayor or board of selectmen shall immediately submit to the commissioner of the Massachusetts Department of Agricultural Resources the names, addresses and dates of hire of such animal control officers.

Enclosed you will find a blank Animal Control Officer Designation Form. Please fill out a separate form for each animal control officer (full time, part time, assistant, contractor, etc.) employed by your municipality and return to our office:

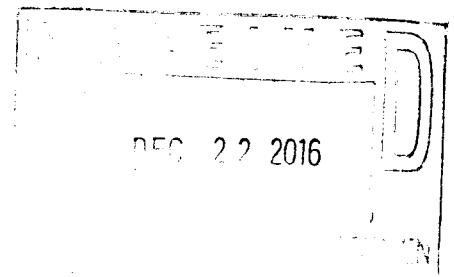
Massachusetts Animal Fund
Attn: ACO Designation
251 Causeway Street, Suite 500
Boston, MA 02114

Please return the completed forms to our office by February 1, 2017 for the 2017 designation year. Should an animal control officer leave his or her position mid-year, the Department must be notified immediately. Any new hires during the year should be submitted on a new Designation Form as close to the date of hire as possible.

If you have any questions, please contact our office at lauren.gilfeather@state.ma.us.

Sincerely,

Lauren Gilfeather Burbridge
Coordinator
Massachusetts Animal Fund





MASSACHUSETTS ANIMAL FUND ANIMAL CONTROL OFFICER DESIGNATION 2017

****Please copy this form and fill out completely for each ACO employed by your municipality****

ANIMAL CONTROL OFFICER INFORMATION

ACO Name: _____

ACO Municipal Phone Number: _____

ACO Municipal Email*: _____

ACO Municipal Mailing Address*: _____

ACO Personal Contact (optional): _____

This ACO is employed: (circle) FULL TIME PART TIME PER DIEM

This ACO is the: (circle) SUPERVISOR PRIMARY ASSISTANT

SUPERVISOR DESIGNATION

By signing this form, I certify that the above animal control officer has been designated by our municipality to perform the duties described in M.G.L. Chapter 140, Section 151 for the year 2017.

Signature: _____

Printed Name: _____

Municipal Department: _____

Mailing Address*: _____

Email Address*: _____

*All correspondence from the Massachusetts Animal Fund/Massachusetts Department of Agricultural Resources will be sent to these addresses.