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22 Meredith Street BANKSTOWN NSW 2200
 P.O Box 358 BANKSTOWN NSW 1885
 Phone: 02 9722 6600

AUTHORITY TO REGISTER A SERVICE OR LITTER (R129)
 ALL DETAILS TO BE COMPLETED IN BLACK INK AND BLOCK LETTERS

Greyhound's Name	Ear Brand	Date of commencement of Authorisation

Dear Sir/Madam,
 I herewith authorise the person named in the Schedule below to have custody of the abovenamed greyhound, and effect any registration under the Rules, as shall for the time being, and from time to time, be made by your Authority. The authorisation shall remain in force until revoked in writing by either the present registered Owner of the greyhound, or his or her Executors.

SCHEDULE

PERSON/S AUTHORISED:
 (BLOCK LETTERS)

ADDRESS:
 **POSTCODE:**

The Authority will not accept any responsibility for the enforcement's of any agreement or contingencies which may be made between the authorising or authorised person/s. However, conditions may be inserted in the space provided below for the purposes of recording only.

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Signature of Registered Owner/s

Dated:

Signature of Person/s Authorised

Dated: