

APPLICATION FOR PICKING OF DEAD ANIMAL

Date: ____/____/____

To,
The Health Officer,
Silvassa Municipal Council,
Silvassa UT of D&NH -396230.

Full Name: _____

Mobile no: 1. _____ 2. _____

Present Address: _____

Location of dead Animal: (Dog/Cow/Buffalo/Goat/Others):

So, it is kindly requested to look into the matter and kindly do the needful.
Thanking you.

(_____)

Signature of Applicant

Note:

1. Attach Xerox Copy of Aadhaar Card/Voting Card.
2. Service will be provided only within the premises of Government owned places or public places and in general only. It will be not provided to private owned premises. These will be provided only in case of stray animals or when the owner cannot be reached and not privately owned animals.