



Maricopa County Animal Care and Control



Authorized Representative Change Form

Please complete the below form to add and/or remove people from your organization’s list of Authorized Representatives and send to ACCNewHope@maricopa.gov. Signed copies of the Acknowledgement Form, Liability Waiver, and Photo Release Forms must also be included for each person added below.

As the President/Director of _____ (print name of rescue organization), I approve the following changes to my official list of Authorized Representatives for MCACC’s New Hope Program.

I would like to REMOVE the following individuals from my group. *(Please list first and last name(s).)*

- 1.
- 2.
- 3.
- 4.
- 5.

I would like to ADD the following individuals to my group. *(Please list first and last name(s). Include the Acknowledgement and Liability Forms as separate attachments.)*

- 1.
- 2.
- 3.
- 4.
- 5.

Note: Each New Hope Partner may only have five (5) Authorized Representatives listed at any time to pull, evaluate, transfer, or transport animals for their rescue. MCACC’s Alternative Placement Team may need up to 72 hours to process change requests. You will receive email confirmation once complete.

President/Director Name _____

President/Director Signature _____ Date: _____

Staff Use Only:

Date Received _____ Change Processed By _____ Date Confirmation Sent _____

Manager Approval: Yes No Manager Initials _____