

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

KATHLEEN A. THEOHARIDES
Secretary

JOHN LEBEAUX
Commissioner

December 28, 2019

JAN 2 2020

Dear Chilmark Animal Control Supervisor,

In accordance with 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 ("ACO"), 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 ("Department") the names, addresses and dates of hire of such animal control officer(s).

Enclosed you will find an ACO designation form with prepopulated information from our current database. If there have been any changes to this information, please correct them by filling out the right side of the form. If the ACO is no longer employed by your municipality, please check the appropriate box and sign and return the form to us. If the ACO is employed by multiple municipalities, a separate form must be filled out by each municipality. Please submit a separate form for each ACO (full time, part time, assistant, contractor, etc.) employed by your municipality. You may photocopy this form as necessary for additional ACOs.

The Department is required under MGL Chapter 140, section 151A to inspect the facilities that municipalities use to hold stray dogs and other animals that come into the possession of the ACO. Please indicate on the form if the municipality has their own facility or uses a private kennel to provide these services, and include the address of the location used.

Please return the completed forms to our office by no later than February 1, 2020.

Completed forms are to be sent to the following address:

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

Should an ACO leave his or her position mid-year, please notify the Department immediately. Any of the required information pertaining to new hires hired during the year should be submitted on a new designation form immediately upon their hiring.

If you have any questions, please contact sheri.gustafson@mass.gov or cary.payton@mass.gov

Sincerely,

Michael Cahill, Director
Division of Animal Health,
MA Dept. of Agricultural Resources



The Commonwealth of Massachusetts
 Massachusetts Animal Fund
 251 Causeway Street, Suite 500
 Boston, MA 02114



Animal Control Officer Designation 2020

Municipality: Chilmark

In accordance with Massachusetts General Laws Chapter 140, Section 151(a), 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 the names, addresses, and dates of hire of such animal control officers. Please complete or make necessary changes to this form and return to the above address.

Please submit one form for each person designated by February 1, 2020.

- This ACO is still employed by our municipality This ACO is no longer employed by our municipality
 This ACO is employed by multiple municipalities (a form must be filled out for each) This is an additional ACO
 This ACO is contracted to cover ACO duties by our municipality Other, please explain _____

Animal Control Officer

Name:	Allen Healy
Municipal Address:	PO Box 119 Chilmark, MA, 02535
Municipal Phone:	508-693-1212
Secondary Phone: (For Emergencies)	508-645-3492
Municipal Email	NEED INFORMATION
Alternate Email (Please * if private)	mermaidfarm@comcast.net
Title.:	Assistant
Terms:	per diem
Date of Hire:	1/1/2006

Animal Control Officer (Note all changes here)

Name:	
Municipal Address:	
Municipal Phone:	
Secondary Phone: (For Emergencies)	
Municipal Email	
Alternate Email (Please * if private)	
Title.:	
Terms:	
Date of Hire:	

Supervisor

Name:	Diana L. DeBlase
Title	Assistant
Municipal Dept.:	Town Administrator
Address:	PO Box 119 Chilmark, MA 02535
Phone:	508-645-2101
Email:	asstexecsec@chilmarkma.gov

Supervisor (note all changes here)

Name:	
Title	
Municipal Dept.:	
Address:	
Phone:	
Email:	

Animal Holding Facility Information

<input type="checkbox"/> Municipal <input type="checkbox"/> Shared Regional <input type="checkbox"/> Private	Animals Housed: <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other _____
Name of Facility:	Address:
Municipality has an adoption program <input type="checkbox"/> Yes <input type="checkbox"/> No	Municipality transfers to private shelter <input type="checkbox"/> Yes <input type="checkbox"/> No

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 2019.

Supervisor Signature _____ Printed Name _____ Date _____

FOR OFFICIAL USE ONLY Date Received: _____ Received by: _____



The Commonwealth of Massachusetts
 Massachusetts Animal Fund
 251 Causeway Street, Suite 500
 Boston, MA 02114



Animal Control Officer Designation 2020

Municipality: Chilmark

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 This ACO is contracted to cover ACO duties by our municipality Other, please explain _____

Animal Control Officer

Animal Control Officer (Note all changes here)

Name:	Chris Murphy
Municipal Address:	PO Box 119 Chilmark, MA, 02535
Municipal Phone:	508-693-6610
Secondary Phone: (For Emergencies)	508-693-1212
Municipal Email	88chilmark@gmail.com
Alternate Email (Please * if private)	
Title.:	Primary
Terms:	Full Time
Date of Hire:	8/29/2005

Name:	
Municipal Address:	
Municipal Phone:	
Secondary Phone: (For Emergencies)	
Municipal Email	
Alternate Email (Please * if private)	
Title.:	
Terms:	
Date of Hire:	

Supervisor

Supervisor (note all changes here)

Name:	Diana L. DeBlase
Title	Assistant
Municipal Dept.:	Town Administrator
Address:	PO Box 119 Chilmark, MA 02535
Phone:	508-645-2101
Email:	asstexecsec@chilmarkma.gov

Name:	
Title	
Municipal Dept.:	
Address:	
Phone:	
Email:	

Animal Holding Facility Information

<input type="checkbox"/> Municipal <input type="checkbox"/> Shared Regional <input type="checkbox"/> Private	Animals Housed: <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other _____
Name of Facility:	Address:
Municipality has an adoption program <input type="checkbox"/> Yes <input type="checkbox"/> No	Municipality transfers to private shelter <input type="checkbox"/> Yes <input type="checkbox"/> No

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 2019.

Supervisor Signature _____ Printed Name _____ Date _____

FOR OFFICIAL USE ONLY

Date Received: _____ Received by: _____