



**NAME CHANGE/ SCOPE OF SERVICES CHANGE FOR ANIMAL CREMATORY LICENSE**

**CURRENT INFORMATION**

Crematory # \_\_\_\_\_ Crematory Name: \_\_\_\_\_

Crematory Address: \_\_\_\_\_  
Street Address City State Zip Code

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Crematory Telephone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**REASON FOR CHANGE REQUEST:**

**Name Change**

Change Crematory Name to: \_\_\_\_\_

**Scope of Service Change**

A.R.S. § 32-2292(C).....If there are major changes in the scope of animal crematory services offered, the animal crematory is subject to re-inspection.

**Additions or Reductions in Service**

**Which type(s) of services are being changed? Please provide a brief description.**

Printed Name of Responsible Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Responsible Owner: \_\_\_\_\_

*Please note that your request will be submitted to the Board for approval.*