



Macon County Animal Control & Care Center  
2820 Parkway Drive, Decatur Illinois 62526  
Ph: 217.425.4508 Fax: 217.425.4511



## MACON COUNTY ANIMAL CONTROL CITATION APPEAL FORM

Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Pets Name \_\_\_\_\_ Citation Number \_\_\_\_\_

Is the pet currently vaccinated and registered? \_\_\_\_\_ Tag Number \_\_\_\_\_

Reason for Appeal:

1. Pet is deceased
  - a. By vet – Name/Clinic \_\_\_\_\_
  - b. At Home
2. No longer has pet
3. Moved – new address \_\_\_\_\_
4. Vaccination prior to – provide copy
5. Other – please explain

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Completed form to [animalcontrolbilling@sheriff-macon-il.us](mailto:animalcontrolbilling@sheriff-macon-il.us) OR regular mail to address above  
Attention: Administrator

**FOR MACON COUNTY OFFICE USE ONLY**

Approved

Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Annually, every dog and cat is required by state law to be current with its rabies vaccination and to be registered. This should be done within the same month every year to avoid late fees and fines.