TOWN OF GRAND RAPIDS

DOG EXEMPTION PERMIT REQUEST APPLICATION FORM

DATE OF REQUEST: _____ Date Application Fee Paid _____

ADDRESS: _____

REQUESTED BY: _____

PHONE NUMBER: _____ OWNER / RENTER (CIRCLE ONE)

*WRITTEN PERMISSION OF PROPERTY OWNER REQUIRED IF RENTAL PROPERTY ( ATTACH WRITTEN PERMISSION TO THIS APPLICATION)*

LIST DOGS BELOW:

STERILIZED / APPROX. AGE / BREED/GENDER / GENERAL DESCRIPTION / DATE ISSUED/EXPIRED VACCINATION INFO

YES/NO _____

YES/NO _____

YES/NO _____

YES/NO _____

INSPECTION NOTES: _____

_____

_____

_____

APPROVED: ☐ DENIED: ☐ APPROVED: ☐ DENIED: ☐

_____ _____

HUMANE SOCIETY OFFICER / DATE CHAIRMAN PLAN COMMISSION / DATE

DATE COPY SENT TO REQUESTER _____

YEARLY RENEWAL:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Year | _____ | Approved | ☐ | Denied | ☐ | Date Fee Paid | _____ |
| Year | _____ | Approved | ☐ | Denied | ☐ | Date Fee Paid | _____ |
| Year | _____ | Approved | ☐ | Denied | ☐ | Date Fee Paid | _____ |
| Year | _____ | Approved | ☐ | Denied | ☐ | Date Fee Paid | _____ |
| Year | _____ | Approved | ☐ | Denied | ☐ | Date Fee Paid | _____ |
| Year | _____ | Approved | ☐ | Denied | ☐ | Date Fee Paid | _____ |