

CITY OF NORWALK

NON-RESIDENT 2018 DOG PARK PASS



NORWALK CITY HALL, 705 NORTH AVE
PHONE: 981-0228 FAX: 981-0933
EMAIL: KKEYTE@NORWALK.IOWA.GOV

Dog Park Pass Checklist

Did you include....

_____ Proof of Rabies Vaccination

_____ Application

_____ Payment

Date _____

Cell # _____

Owner _____

Home # _____

Address _____

E-mail _____

| Dog(s) Name | Male/ Neutered | Female/ Spayed | Breed | Color & Markings | Rabies Expiration |
|-------------|-------------------|-------------------|-------|------------------|----------------------|
| 1. _____ | <u>M / N</u> | <u>F / S</u> | _____ | _____ | _____ |
| 2. _____ | <u>M / N</u> | <u>F / S</u> | _____ | _____ | _____ |
| 3. _____ | <u>M / N</u> | <u>F / S</u> | _____ | _____ | _____ |

Dog Park Pass Fee - \$30

Dog Park Pass # _____

Acknowledgement of Understanding

By signing I verify that all of the information provided above is accurate and that I agree to abide by the Dog Park rules at all times. I also agree that the information I have provided regarding myself or my dog may be provided by the City of Norwalk to others upon request.

Signature _____

Date _____