

CITY OF NORWALK

NON-RESIDENT 2019 DOG PARK PASS



NORWALK CITY HALL, 705 NORTH AVE
PHONE: 981-0228 FAX: 981-0933
EMAIL: DOGS@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 _____