



Town of Grand Rapids

Dog Exemption Permit Application form

Permit # _____

Parcel # _____

Date of request: _____

Date fee paid: _____

APPLICANT INFORMATION

Name: _____

Address: _____

Phone #: Home : _____ Cell : _____

Are you the property owner? _____

IF NO, WRITTEN PERMISSION FROM PROPERTY OWNER REQUIRED WITH SUBMITTED APPLICATION

PROPERTY OWNER INFORMATION IF NOT APPLICANT

Name: _____

Address: _____

Phone #: Home : _____ Cell : _____

DOG INFORMATION (List dogs below)

COPIES OF RABIES CERTIFICATES REQUIRED WITH SUBMITTED APPLICATION

Breed	Age	Gender (F/M)	Spayed/Neutered

HUMANE SOCIETY ONLY

Date of Inspection: _____

Inspection Notes: _____

Approved _____ Denied _____ Humane Society Officer: _____

PLAN COMMISSION ONLY

Commission Notes: _____

Approved _____ Denied _____

PLAN COMMISSION CHAIRPERSON: _____

DATE: _____