



# SMITH'S CLOVE PARK DOG PARK APPLICATION

<b>Office Use: Fee</b>	<b>Date:</b> _____
Annual Permit (\$20)	_____
Replacement (\$10)	_____
Additional Tag (\$5)	_____
<b>Total</b>	_____
<input type="checkbox"/> Check	<input type="checkbox"/> Cash

Your Dog must have a current Town of Monroe Dog License to Apply for this Permit

### Instructions: (please print)

The Dog Park Waiver/Release of Liability and Assumption of Risk Acknowledgement must accompany this application. You must be at least 18 yrs. old to apply.

1. **Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **MI:** \_\_\_\_ **Age** \_\_\_\_\_

**Address (legal residency):** \_\_\_\_\_ Monroe, N.Y. 10950  
Harriman NY 10924

**Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Park ID #** \_\_\_\_\_  
You must have a Smith's Clove Park Resident ID to be eligible

2. **Dog License Information:**

**License #1** \_\_\_\_\_ **Park ID #** \_\_\_\_\_

**Breed** \_\_\_\_\_, **Color,** \_\_\_\_\_, Male Female Neutered

**License #2** \_\_\_\_\_ **Park ID #** \_\_\_\_\_

**Breed** \_\_\_\_\_, **Color,** \_\_\_\_\_ Male Female Neutered

**License #3** \_\_\_\_\_ **Park ID #** \_\_\_\_\_

**Breed** \_\_\_\_\_, **Color,** \_\_\_\_\_, Male Female Neutered

4. **This information is true to the best of my knowledge; I have read and understand the Dog Park Rules and Regulations and agree to accept the terms as set forth.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_