

# Fox Valley Park District

## 2017 Dog Park Permit Application

Permit is valid from January 1, 2017, through December 31, 2017.

Applications accepted by mail to Fox Valley Park District Cole Center, ATTN: Dog Park Permit, 101 W. Illinois Ave., Aurora IL 60506 with rabies certificate and payment. Checks payable to Fox Valley Park District. Submittal of application does not constitute approval.

### Owner Information

OWNER'S NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
CELL PHONE NUMBER \_\_\_\_\_ HOME NUMBER \_\_\_\_\_  
BUSINESS NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ D.O.B. \_\_\_\_\_

### Dog Information

NAME OF DOG (1) \_\_\_\_\_  
BREED \_\_\_\_\_  
RABIES TAG INFORMATION  1-year  3-year TAG NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

NAME OF DOG (2) \_\_\_\_\_  
BREED \_\_\_\_\_  
RABIES TAG INFORMATION  1-year  3-year TAG NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

### Veterinarian Information

VETERINARIAN NAME \_\_\_\_\_ VETERINARIAN PHONE NUMBER \_\_\_\_\_

### Fees

Residents: \$25 per dog; Non-residents: \$50 per dog Total Due: \$ \_\_\_\_\_

### Acknowledgement

In consideration of use of the dog park, I acknowledge that there are risks of injury to me and others. I agree and do hereby waive, relinquish and hold the Fox Valley Park District, its commissioners, officers, agents, servants and employees harmless of any and all claims which I may incur by reason of damage to my person or property as well as all claims of third parties incurred by reasons of damage to their person or property as resulting from this activity.

Your signature indicates you agree to adhere to the rules & regulations pertaining to this permit. See attached rules and regulations; possible fine(s) of \$100 if violation(s) occur.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY: Tag Number(s) \_\_\_\_\_ Issued by \_\_\_\_\_  
Amount Paid \_\_\_\_\_ Date \_\_\_\_\_