



## Off-Leash Dog Permit Application for Waterfowl Mitigation at City Beach

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Dog Information

Dog Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

License Number: \_\_\_\_\_

Vaccination Records Attached:

☐ Yes

☐ No

### Handler Information (if different from applicant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### City-Sanctioned Group Information

If you are requesting this permit as part of a city-sanctioned effort at goose mitigation at City Beach, please indicate the group organizer and contact info below.

Group Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Permit Details

1. Purpose of Permit: To allow the handler and dog(s) to participate in city-sanctioned waterfowl mitigation efforts at City Beach.
2. Duration of Permit:
  - ☐ Single Event (Specify Date: \_\_\_\_\_)
  - ☐ Date range: Start date \_\_\_\_\_ End date \_\_\_\_\_
  - ☐ Annual: Start date \_\_\_\_\_ End date \_\_\_\_\_
3. Proof of Participation: Please provide documentation or a letter from the city-sanctioned group verifying your participation in waterfowl mitigation activities.

## Agreement and Certification

By signing this application, I certify that:

1. I have read and understood the Sandpoint City Code 7-5-3(A) and 5-4-5(A) regarding off-leash dogs for waterfowl mitigation.
2. I will ensure that my dog(s) is/are under voice control at all times while off-leash.
3. I will carry a leash and be prepared to restrain my dog(s) if necessary.
4. I will promptly remove and properly dispose of all dog waste.
5. I will comply with all additional rules and regulations established and posted by the City.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## For Office Use Only

Application Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Notes: