

**DOG PARK PASS
APPLICATION FORM**

**UPPER TOWNSHIP, CAPE MAY COUNTY DOG PARK
(_____ YEAR)
ACCESS CARD APPLICATION FORM**

Assigned Access Card # _____

License valid January 1st thru December 31st of the current year

(\$30.00) Yearly Dog Park Pass

(\$10.00) Weekly Dog Park Pass

(If applicant applies during the year, then \$2.50 per remaining months of the year.)

Name of Owner: _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Cellphone No.: _____

E-Mail _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Cellphone No.: _____

E-Mail _____

Owner's Homeowner's Insurance:

Name of Insurance Company: _____

Address of Insurance Company: _____

City: _____ State: _____ Zip Code: _____

Policy No.: _____

Amount of Liability Insurance: _____

AS PART OF THE APPLICATION PROCESS EACH OWNER MUST EXECUTE AND AN ACCEPTANCE OF RISK AND RELEASE OF LIABILITY WAIVER FORM AS ATTACHED HERETO.

DOG 1

Name of Dog: _____ Breed: _____ Weight: _____ lbs.

Color(s): _____ Sex: _____ Spayed/Neutered: _____ Age: _____

License No.: _____ Expiration Date: _____

Municipal that License was issued from: _____

Rabies No.: _____ Expiration Date: _____

DOG 2

Name of Dog: _____ Breed: _____ Weight: _____ lbs.

Color(s): _____ Sex: _____ Spayed/Neutered: _____ Age: _____

License No.: _____ Expiration Date: _____

Municipal that License was issued from: _____

Rabies No.: _____ Expiration Date: _____