



TOWN OF ST. JOHN DOG PARK APPLICATION

Name	!		Date_	
Address				
Town / State / Zip				
Primary Telephone			Cellular Number	
E-Mail Address				
Permi	t Year	_ Permit Number (s)		
Proof of Current Vaccinations:				
Resident Tag Information:				
Non-Resident Tag Information:				
	One (1) Dog:	Resident:	\$25.00	annual fee
	Additional Dog:	Resident:	\$10.00 each	annual fee
	One (1) Dog:	Non-Resident:	\$100.00	annual fee
	Additional Dog:	Non-Resident:	\$25.00 each	annual fee
	Replacement Permit Device:		\$10.00	

I (applicant) have received, read and understand the Rules and Regulations for use of *"Wiggley Field Dog Park"* and will abide by all guidelines and restrictions.

Signature: _____