

CITY AND COUNTY OF DENVER



1241 W Bayaud Avenue
Denver, CO 80223
Phone: 720-913-1311
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www.denveranimalshelter.org



APPLICATION FOR OFF-LEASH ENCLOSURE

Owner of Requested Enclosure: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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

If the operator of the enclosure is different from the owner of the enclosure, enter operator information below:

Operator of Requested Enclosure: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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

This application must be accompanied by the following documents:

- A site plan drawn to scale showing the location of the Off-Leash Enclosure, Buffer Zone, and perimeter barrier...
A depiction of the height and materials of the perimeter barrier...
A copy of the signage, which shall be located at each entry to the proposed Off- Leash Enclosure

Failure to attach any of the above supporting documents will result in a rejected application.

This permit is issued with the following provisions:

- There will be a \$\_\_ fee for this permit
The Applicant agrees, upon approval of an application, to adhere to all rules as described in the Rules and Regulations Governing Off-Leash Enclosures...
The Department's approval of an Off-Leash Enclosure Application does not waive the applicant's obligation to comply with all applicable laws...
The Department's decision will be considered a final decision of the Executive Director.

I agree to the requirements of this Off-Leash Enclosure Application and I agree to meet the requirements set forth in this document.

Signature of Applicant

Date