

PROGRAM
YEAR

2017

CITY OF YREKA

701 Fourth Street, Yreka, Ca. 96097

Phone: (530) 841-2386

Animal Control Account Number

APPLICATION FOR ANIMAL CONTROL LOW INCOME FEE WAIVER

Customer Name: _____

Dog Name: _____

Spayed / Neutered Dog - \$30.00 Fee
Requires **3 hours** of Community Service Per Dog

Non-Spayed / Neutered Dog - \$60.00 Fee
Requires **6 hours** of Community Service Per Dog

I understand that the Community Service Fee Waiver for Animal Control Licensing for Low Income dog owners is based on my total household income and that I must meet the income requirements and provide proof of income. I understand that in exchange for the waiver of the dog license fee I must perform the required hours of Community Service from a governmental agency or non-profit organization and that I must provide written proof from said agency by their designated agent of such hours committed. I further understand that if I fail to perform the required amount of community service time as agreed that I will be responsible for the full license fees plus any penalties.

I do hereby certify that the **total** annual income of my household is **LESS THAN:** (mark the appropriate box)

\$14,850 for a household of one

\$20,025 for a household of two or more

*** * P R O O F O F I N C O M E R E Q U I R E D F O R E A C H R E S I D E N T * ***
Must show ALL income for household members. You must provide a copy of your most recent income tax returns as proof of income.

I agree that in the event my household income exceeds the foregoing amounts that I will immediately notify the billing department of the City of Yreka in writing that I am no longer eligible for the fee waiver.

I declare under penalty of perjury that the information I have provided herein is true and correct.

Executed this _____ day of _____, _____.

PLEASE PRINT and complete the information requested below.

| | | | |
|-------------------|----------------|--|--|
| | | | |
| Name Applicant #1 | | Name Applicant #2 | |
| Physical Address | | Mailing Address (if different than physical address) | |
| Home Phone No. | Cell Phone No. | City, State, Zip | |
| X | | X | |
| Signature | | Signature | |

O F F I C I A L U S E O N L Y

| | | | |
|---------------|-------------------|--------|----------------------|
| DATE RECEIVED | APPROVED / DENIED | REASON | AUTHORIZED SIGNATURE |
| | CIRCLE ONE | | |

A new application is required to be filed with the Animal Licensing Department of the City of Yreka for each calendar year.

VERIFICATION OF COMMUNITY SERVICE
(Must be performed and submitted in current year
before license deadline of 3/01/17)

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____

CONTACT NAME: _____ **PHONE:** _____

DATE OF SERVICE: _____ **HOURS OF SERVICE:** _____

We hereby certify that _____ has performed the
CUSTOMER NAME
necessary hours of community service with our organization in order to
meet the eligibility requirement for the fee waiver of animal licensing for the
City of Yreka.

X _____
CERTIFYING AGENT/PERSON **TITLE** **DATE**