INSTRUCTIONS TO APPLY BY MAIL / FAX / or E-MAIL:

• ANNUAL PASSES ARE ON SALE BEGINNING APRIL 1ST and will be valid May 1st through April 30th of the following year.

• RETURN THIS FORM TO THE LEISURE SERVICES DEPARTMENT, ALONG WITH A COPY OF YOUR DRIVER’S LICENSE FOR PROOF OF ADDRESS:

<table>
<thead>
<tr>
<th>BY MAIL:</th>
<th>BY FAX:</th>
<th>BY E-MAIL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PET PARK PASS APPLICATION</td>
<td>fax both pages to</td>
<td>send as an attachment to</td>
</tr>
<tr>
<td>Leisure Services Department</td>
<td>589-4391</td>
<td><a href="mailto:parkrec@cityofdubuque.org">parkrec@cityofdubuque.org</a></td>
</tr>
<tr>
<td>2200 Bunker Hill Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dubuque, Iowa 52001-3010</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

• A COPY OF THE PET PARK USAGE POLICIES AND RULES WILL BE MAILED TO YOU WITH YOUR RECEIPT AND TAG.

| _____ RESIDENT $25.00 showed proof of residency _____ |
| _____ NONRESIDENT $35.00 |

COMPLETE IF PAYING BY CREDIT CARD

Credit Card Number ____________________________
Today’s Date ____________________________
Credit Card Expiration Date ____________________________
Signature ____________________________
CVC: ____________________________

IF YOU ARE GOING TO PRINT APPLICATION FORM FOR CONVENIENCE ONLY, present form at office and pay with cash, check or credit card.
LEISURE SERVICES DEPARTMENT
(563) 589-4263
ANNUAL PET PARK PASS APPLICATION

Please print

DATE   _____________________________________________________________

NAME _____________________________________________________________

ADDRESS ____________________________ city ___________ state ____ zip ________

PHONE:   home _____________ work _____________ cell _____________

E-MAIL ADDRESS ________________________________________________________

PET NAME   ______________________________________________

BREED OF PET  ______________________________________________

IS THE PET’S RABIES VACCINATION CURRENT? ____________________

DATE OF VACCINATION _________________________________________

_______ RESIDENT $25.00 showed proof of residency ______

_______ NONRESIDENT $35.00

TAG MUST BE ATTACHED TO PET’S COLLAR

responsible adult name – SIGNATURE        responsible adult name – PRINTED

OFFICE USE ONLY:

METAL TAG #__________

DATE: ___________ AMOUNT PAID: $___________ cash / check / charge