



## TNR PARTNER PERMIT APPLICATION

### APPLICANT

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### TNR PARTNER

Partner Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### FERAL CAT COLONY INFORMATION

BH Colony Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will feeding occur on public property? Yes No

If Yes, General Liability Insurance is required for permit issuance and shall name the City as certificate holder and additional insured.

If No, Owner/Resident Authorization(s) must be provided to issue permit.

Number of cats in Colony: \_\_\_\_\_ Number of cats spayed/neutered: \_\_\_\_\_

Number of cats ear tipped: \_\_\_\_\_ Number of adoptions: \_\_\_\_\_

Number of Feeders: \_\_\_\_\_ Feeder Location(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Traps: \_\_\_\_\_ Trap Location(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FERAL CAT CAREGIVER(S)

A Feral Cat Caregiver Affidavit is required to be presented for each person named below.

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_