Village of Nobleford

2004, 2008 and 2010 Municipal Excellence Award Recipient

Box 67. Nobleford, Ab.T0L 1S0. Municipal Office, 906 Highway Avenue
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Neighborhood Consent for **numerous pets** (more than 2 dog or 3 cats), POLICY #02-24, Bylaw # 605 / # 621

SUBJECT: Neighborhood Consent for numerous pets
DEPARTMENT: Administration
ADOPTED & APPROVED BY COUNCIL,. #342-2009, Bylaw #605/ #621 (Policy # 02-24) Jan17, 2012 revised, Feb 21, 2012, July 3, 2012

PURPOSE: To establish neighborhood opinion on pet owners applying for multi animal permits under Dog and Cat and other animal related Bylaws.

1- Any pet owner applying for a multi animal pet permit such as a kennel license shall include a Neighborhood Consent document in their application to the Village.
2- The Neighborhood Consent document shall include names, address and signature of all residents, over the age of 18 years, within a 100 meter radius of the pet owner's residence.
3- If the pet owner is a tenant the consent document shall have the property owners consent included.
4- .All residents within 100m circumference must complete the application to the Village for a multi pet license or permit in order for the application to be considered by the Village.

Neighborhood Consent Form, for numerous pets. (more than 2 dog or 3 cats),

DATE _____

/ We_____ Signature_____

Residing at_____Nobleford, Alberta

Mailing address _____Nobleford Alberta, T0L 1S0

Phone _____Cell _____ _____Fax_____ E-Mail_____

ask for your support in my multi pet permit / license application to the Village of Nobleford. Animal Identification,
Breed _____ *age*___ *Sex*___. ***Breed*** _____ *age*___ *Sex*____. ***Breed*** _____ _____*age*___ *Sex*___

am asking for permission to keep [Dogs] [Cats] (number of pets) at the above address.

I have no objections with this multi pet permit application and **support** the license application to be presented to the Village.
I have **objections** with this multi pet permit application and **do not support** the license application to be presented to the Village.

				Circle One	
Name_____	Address_____	Phone_____	Signature_____	**Support**	**Object**
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