

APPLICATION FOR USE OF CITY ANIMAL TRAP

Date: _____

Name: _____

Address: _____

City/State: _____

Telephone (Days): _____ Telephone (Evenings): _____

Address where the trap will be used (if different from above): _____

Purpose/Intended use: _____

Date trap will be returned: _____

(Traps are loaned for a maximum period of two weeks only)

STATEMENT OF BORROWER:

I hereby request the use of an animal trap from the City of La Cañada Flintridge. I understand that the animal trap is the property of the City and I agree to return the trap on the date specified above or upon immediate request of the City. I understand that failure to do so will result in the immediate forfeiture of my deposit. I also understand that my deposit will be forfeited should the trap become damaged, lost or stolen while in my possession. I agree to use the trap only for the intended use or purpose as stated above. I further agree that I will hold the City of La Cañada Flintridge and its employees, officers, and agents harmless for injuries to any person or property, that may be caused by the trap, while it is in my possession.

Signature: _____

PLEASE NOTE:

It is the responsibility of the borrower to make arrangements for the pick-up and return of animal traps. For those individuals borrowing large traps, please contact Richard Eckhart, (818) 952-6146, in advance to arrange a convenient time. Large traps are located at the Lanterman House, 4420 Encinas Drive.

FOR OFFICE USE ONLY

Date Application Received: _____

\$ 100 Deposit Received: _____ Yes _____ No

Method of Deposit: _____ Cash
_____ Check (Check No. _____)
_____ Other

Application Approved: _____ Date: _____

Application Denied: _____ Date: _____

Reason for Denial: _____

AUTHORIZATION:

City of La Cañada Flintridge

Trap # : _____

Name of person returning trap: _____

Date of Trap Return: _____ Trap #: _____

Deposit returned to borrower: _____ Yes _____ No

If no, please state reason: _____

Deposit returned by: _____