



APPLICANT FOR ANIMAL LICENSE EXEMPTION FOR SERVICE ANIMALS

To be completed by the applicant.

Name of Service Dog: _____

Breed of Service Dog: _____

Please note: Owners of a Colorado service animal must also provide the following:

- Proof of current rabies vaccinations.
- Documentation of whether the pet is spayed or neutered

Please provide these two answers in writing so we can document the service-animal inquiry.

Is the animal required because of a disability? Yes or No

What work or task has the animal been trained to perform?

I, THE UNDERSIGNED, HAVE A DISABILITY WHICH REQUIRES THE ASSISTANCE OF A SERVICE ANIMAL. I DO HEREBY CERTIFY AND ATTEST THAT THE ANSWERS GIVEN ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND THE AFOREMENTIONED ANIMAL IS A SERVICE ANIMAL AS PROVIDED BY COLORADO AND APPLICABLE FEDERAL LAW.

Signature: _____

Printed signature: _____

Date: _____

Home Address: _____ Longmont, Colorado

Please return this form to: Email: pspolicepatrolcsounit@longmontcolorado.gov. Mail/In-person to: Longmont Public Safety, Patrol CSO, 225 Kimbark Street, Longmont, Colorado 80501. Questions: 303-651-8555.