

Location of proposed Dog Off-Leash Area:

[illegible]

Appendix 'B'
VOLUNTEER DOG-OFF LEASH PROGRAM

APPLICATION FORM**PLEASE READ CAREFULLY**

Date: _____

Group Name: _____

Location: _____

Size: _____

Name of Representative: _____

Tel. No.: _____

Parking Available on site?

☐ yes☐ no

If "NO", please indicate cost to build _____

Is fencing available on site?

☐ yes☐ no

If "NO", please indicate cost to build _____

Accessibility for regular maintenance

☐ yes☐ no

Playgrounds/Sports fields/facilities at location

☐ yes☐ no

Please attach a detailed proposal and site plan sketch outlining the location of the proposed area, and the amenities proposed. A copy of the group's constitution, by-laws and membership list shall also be attached.

Group Co-ordinator_____
DateUmbrella Committee: ☐

Date: _____

Town Staff: ☐

Date: _____