

**MAYOR**  
ROGER BOURKE

**TOWN COUNCIL**  
CAROLYN ANCTIL  
JOHN BYRNE  
ELISE MORGAN  
DAN SCHILLING



**TOWN OF ALTA**  
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84092-8016

TEL (801)363-5105 / 742-3522  
FAX (801)742-1006  
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### TEMPORARY DOG LICENSE APPLICATION

This form can be submitted to the Town Office no more than 30 days in advance of the initial license request date. Please time your requests accordingly. Upon approval the appropriate fee; \$60 for less than 14 days or \$125 for more than 14 days shall be submitted prior to being issued a license. You may email a completed form to [brooke@townofalta.utah.gov](mailto:brooke@townofalta.utah.gov) or drop it off in person during normal business hours.

I, \_\_\_\_\_ (please print applicants name), as holder of temporary Alta dog license I have read, understand, and agree to abide by the regulations outlined in the Alta Animal Control Ordinance (posted via this link [https://codelibrary.amlegal.com/codes/altaut/latest/alta\\_ut/0-0-0-1422](https://codelibrary.amlegal.com/codes/altaut/latest/alta_ut/0-0-0-1422)), have been made aware of the 1997 USFS Special Order regarding prohibited acts on national forest lands in Little Cottonwood Canyon (posted via this link <https://townofalta.com/town-services/dog-licensing/>), and all Salt Lake City and County Health Department and watershed rules and regulations.

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

Alta Property Owner's Name \_\_\_\_\_

Alta Property Location \_\_\_\_\_

Do you own the property location at which this license is being requested:      Yes      No

If you are not the property owner, do you have prior approval to have the dog on site: Yes      No

Please provide the name and phone number of who provided you permission to have the dog site:

\_\_\_\_\_

Applicant's Full Home Address \_\_\_\_\_

Applicant Email \_\_\_\_\_ Applicant Cell # \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Gender M      F

License requested from \_\_\_\_\_ to \_\_\_\_\_ (insert dates)