



CITY OF PALM DESERT
Animal Adoption Incentive Program
Reimbursement Request Form

PLEASE COMPLETE THIS SECTION

Name of Individual Requesting Reimbursement: _____

Telephone Number: _____ Email Address _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I hereby certify that I am a City of Palm Desert resident.

Resident Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

PROOF OF ELIGIBILITY OF RESIDENCY

A valid identification (i.e. driver's license or state-issued ID card), documentation or receipts for the pet adoption, **plus** one of the following:

- Utility bill with your City of Palm Desert address
- Property Tax Bill with your City of Palm Desert address
- Your rental or lease agreement with a utility bill showing the City of Palm Desert address

Type of pet adopted: Dog Cat Other _____

Date Reimbursement Request Form received: _____ Animal ID# _____

Received by: _____ Amount requested: \$ _____

Approved **Denied** (Due to residency requirements)

Authorized signature to approve reimbursement: _____