

FEE: None

APPLICATION FOR PIGEON TRAPPING PERMIT

The undersigned, does hereby apply to the City of Syracuse, State of New York, for a Permit to engage in The Trapping of Pigeons, pursuant to the General Ordinances of the City of Syracuse.

PLEASE PRINT

Name of Applicant: _____ Date of Birth: _____
Home Address: _____ Home Phone: _____

Experience and/or Credentials for pigeon trapping:

How do you intend to dispose of pigeons?

How do you intend to dispose of sick or injured pigeons? _____

Description or Sketch of Trap: _____

INDEMNIFICATION STATEMENT

The applicant, upon issuance of a license, herein agrees to indemnify and save harmless the City of Syracuse, its agent, officers and employees thereof from all claims, suits or actions of every name or description brought against the City, its officers, employees or agents for or on account of bodily injuries, including death or damages to property, receive or sustained, or alleged to be sustained by any person or persons arising out of the license issued herein.

SIGNATURE OF APPLICANT

DATE

PLEASE PRINT NAME

NOTARY