



CITY OF SALEM, MASSACHUSETTS
PARKS, RECREATION & COMMUNITY SERVICES
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KIMBERLEY DRISCOLL
MAYOR

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DIRECTOR

City of Salem Park, Recreation and Community Services
2017 Leslie's Retreat Dog Park Application
(Valid Dates April 1, 2018- March 31, 2019)

Owners Name _____ City Dog License # _____
Address _____ City _____ Zip Code _____
Contact # _____ E Mail _____
Name of Dog _____ Breed _____ M/F _____ Age _____
Vet Name _____ Vet Phone # _____

Required Documents to be Attached

(must be current)

- ___ City Dog License
- ___ Proof of Spay/Neuter
- ___ Certificate of Rabies Vaccination
- ___ Proof of Distemper Vaccination
- ___ \$25 Check – Payable to Salem Park & Recreation

Optional Information

___ I have added \$1 to my enclosed payment. Please mail my Pooch Pass to the above address

I have been provided with and have read through a copy of the City of Salem Park, Recreation and Community Services Dog Park Rules and Regulations and agree to abide by all rules set forth therein.

Signature

Date

Park and Recreation Use Only

Date Submitted _____ Pooch Pass # _____

Amount Paid _____ Cash _____ Check # _____ Initials _____

