



Animal Adoption Incentive Program Reimbursement Request

(Please ensure you will be keeping the pet you adopted permanently before requesting adoption reimbursement.)

PLEASE COMPLETE TOP SECTION

Name of Individual Requesting Reimbursement: _____

Rancho Mirage Address: _____

E-mail address: _____

Telephone Number: _____

Mailing Address for reimbursement: _____

City: _____ State: _____ Zip Code: _____

I hereby certify that I am (please check one):

a permanent resident of the City of Rancho Mirage

a seasonal resident that spends no less than **FIVE** or more months out of the year residing in the City of Rancho Mirage

Resident's Signature: _____ Date: _____

FOR OFFICE USE ONLY

PROOF OF ELIGIBILITY OF RESIDENCY:

Any valid identification (i.e. driver's license or state-issued ID card), **plus** one of the following:

- Utility bill with address shown as Rancho Mirage.
- Property Tax Bill with address shown as Rancho Mirage
- Rental agreement or lease (with a utility bill showing Rancho Mirage address)
- Documentation and receipts attached.

Date Reimbursement Request Received: _____ Animal ID # _____

Received by: _____ Reimbursed Amount Requested: _____

Authorized signature to approve reimbursement: _____
Authorized Official for the City of Rancho Mirage