



## Animal Adoption and Pet Care 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