



City of Poulsbo
 200 NE Moe Street
 Poulsbo, Washington
 98370-7347
 360-394-9724
 www.cityofpoulsbo.com

Application for Reduced Rates**

Date: _____

Customer Information

Name: _____
 Physical Address: _____
 Mailing Address (if different): _____
 City, State, Zip: _____
 Daytime phone number: _____

Reduction Requested

- Animal License*
 (*fill out Application on back)
- Utility Billing
- Cemetery
- Ref #: _____

Household Information

Number of people living in household: Adults + Children = Total

Name and birthdates for all household residents: _____

Income Sources: (Please check all sources of income received by residents of the household)

- | | | |
|---|--|--|
| <input type="checkbox"/> Wages/Salaries | <input type="checkbox"/> Disability Payments | \$ _____
Total Annual
Household Income |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Workers Compensation | |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Food Stamps | |
| <input type="checkbox"/> Interest/Dividends | <input type="checkbox"/> Child/Spouse Support | |
| <input type="checkbox"/> Social Security, SSI, SSP | <input type="checkbox"/> Insurance/Legal Settlements | |
| <input type="checkbox"/> Pension/Private Retirement | <input type="checkbox"/> Other _____ | |

Required Documents

Please attach all the following documents that were issued to you, or any other current resident of the property above. Failure to include necessary documents will result in a denied application. **

- Latest Federal Tax Forms
- Statement of Social Security Benefits
- Most Current Disability/Unemployment Check Stub

Declaration

****This form must be returned in person**

I state that the information I have provided in this application is true and correct. I agree to provide necessary information requested to approve this application. I agree to inform the City of Poulsbo's Finance Department if I no longer qualify to receive reduced rates. I understand that if I receive reduced rates without meeting the qualification guidelines, I will be required to pay back the discount received. I understand that I may be removed, without notice, from the reduced rates program if my account (Utility reduction only) becomes delinquent. I accept these terms and acknowledge the City may amend the rules governing the low-income program at any time. **

Customer Signature: _____

Date: _____

City Use Only

Staff Signature: _____

Identification Verified



City of Poulsbo
 PO Box 98
 Poulsbo, Washington
 98370
 360-779-3901
 www.cityofpoulsbo.com

Animal License Application

PET OWNER INFORMATION				
Owner's Name				
Mailing Address (address, city, state, zip code)				
Street Address (address, city, state, zip code)				
Phone Number (include area code)				
PET #1 INFORMATION				
Name		Breed	Color	Birth Date
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	<input type="checkbox"/> Permanent License (for altered pets of residents 65 or older and residents who qualify as low-income/disabled)	
Amount Paid	<input type="checkbox"/> Penalty	<input type="checkbox"/> Duplicate (verify prior to issuing)	<input type="checkbox"/> Pro-Rated (Jan-June)	
Issued By	Issue Date	Expiration	License Number	
PET #2 INFORMATION				
Name		Breed	Color	Birth Date
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	<input type="checkbox"/> Permanent License (for altered pets of residents 65 or older and residents who qualify as low-income/disabled)	
Amount Paid	<input type="checkbox"/> Penalty	<input type="checkbox"/> Duplicate (verify prior to issuing)	<input type="checkbox"/> Pro-Rated (Jan-June)	
Issued By	Issue Date	Expiration	License Number	
PET #3 INFORMATION				
Name		Breed	Color	Birth Date
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	<input type="checkbox"/> Permanent License (for altered pets of residents 65 or older and residents who qualify as low-income/disabled)	
Amount Paid	<input type="checkbox"/> Penalty	<input type="checkbox"/> Duplicate (verify prior to issuing)	<input type="checkbox"/> Pro-Rated (Jan-June)	
Issued By	Issue Date	Expiration	License Number	
PET #4 INFORMATION				
Name		Breed	Color	Birth Date
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	<input type="checkbox"/> Permanent License (for altered pets of residents 65 or older and residents who qualify as low-income/disabled)	
Amount Paid	<input type="checkbox"/> Penalty	<input type="checkbox"/> Duplicate (verify prior to issuing)	<input type="checkbox"/> Pro-Rated (Jan-June)	
Issued By	Issue Date	Expiration	License Number	

Please complete an additional copy of this form if you have a fifth pet to license.