



Request to Waive Pet Licensing Late Fee Penalties Communities of Clive, Urbandale and West Des Moines

Part 1. Pet Owner Information

Pet Owner Name: _____ Person ID #: _____

Name of Contact Person: _____ Daytime Phone #: _____

Mailing Address: Street or P.O. Box _____

City _____ State _____ Zip Code _____

Part 2. Penalty Information

Amount of Penalty: _____

Part 3. Reason for Request

Death of pet owner or immediate family member of pet owner.

Name of deceased: _____ Relationship to Pet Owner: _____

Date of Death: _____

Serious or sudden illness of pet owner or immediate family member of pet owner.

Name of person with illness: _____ Duration of illness: _____

Explanation of how illness prevented compliance: _____

Other - Explanation of how other circumstance prevented compliance:

Pet Owner's Signature: _____ Date: _____

Office Use Only: Request Approved Request Declined

Review Date: _____

Instructions

Part 1. Pet Owner Information: Enter the identifying information of the pet owner including the name, address and applicable identification number (Person ID#) along with the name and phone number of a contact person (if different from the pet owner) on the appropriate lines.

Part 2. Penalty Information: List the amount of the penalty you are requesting the waiver for.

Part 3. Reason for Request: Indicate the reason for the penalty waiver request by placing an X in the space provided. **Important: Your request will be denied if you do not provide all of the required information for the reason you specify.**

Submit request to:

WestPet Licensing
P.O. Box 65320
West Des Moines, Iowa 50265

Requests will be forwarded to committee for review