



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