

FOR DEPARTMENT USE ONLY:

Date received: _____

Date approval: _____

**CITY OF CROSSVILLE, TENNESSEE
ANIMAL CONTROL APPLICATION PROCESS**

1. Name: _____ Phone No. _____

2. Address: _____

3. Address of where animal will be located: _____

4. Types of animal(s) on the property: _____

5. Type of structure(s) on property? Fence Coop Barn Lean-to Other

(If other, please explain _____)

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. APPLICANT DECLARES THEY OWN/LEASE/HAVE PERMISSION TO USE THE PROPERTY WHERE THE ANIMAL(S) WILL BE HELD.

BY: _____
Signature of applicant

Date

Mail/deliver to: *Crossville Police Department, ATTN: Animal Control, 115 Henry Street, Crossville, TN 38555-4275* **Or email to:** info@crossvilletn.gov with the subject line **ANIMAL CONTROL**

FOR OFFICE USE ONLY:

Approval:

Recommended

Not Recommended

DATE: _____

COMPLIANCE

Inspection report complete

Yes **No** _

Within 1,000 feet boundary

Yes **No*** _

***If NO, permit is not required.**

If not recommended, list reason why: _____