



Attachment 1

City Use Only	
Date Request Received	
Received By (Staff Name)	
Date of Public Notice	
Date of Decision Response	

OFF-LEASH AREA DESIGNATION – CHANGE REQUEST FORM

Requester Contact Information

Date:	
Group / Association Represented (If Applicable)	
Primary Contact: First & Last Name	
Mailing Address:	
Telephone:	
Email:	

Site Details

Name of Off-Leash Site	
Off-Leash Site Address:	

Type of Change (Please select proposed type of change)

- Add** – Off-Leash area
- Remove** – Off-Leash area
- Alter** – Off-Leash area

Detailed Description of Proposed Change

A. Please describe the full context of the proposed change to the existing park site designation. For example, please confirm specific site boundary areas included in the proposed change. Does the proposed change include the entire site location, or designated portions of the Park site area?

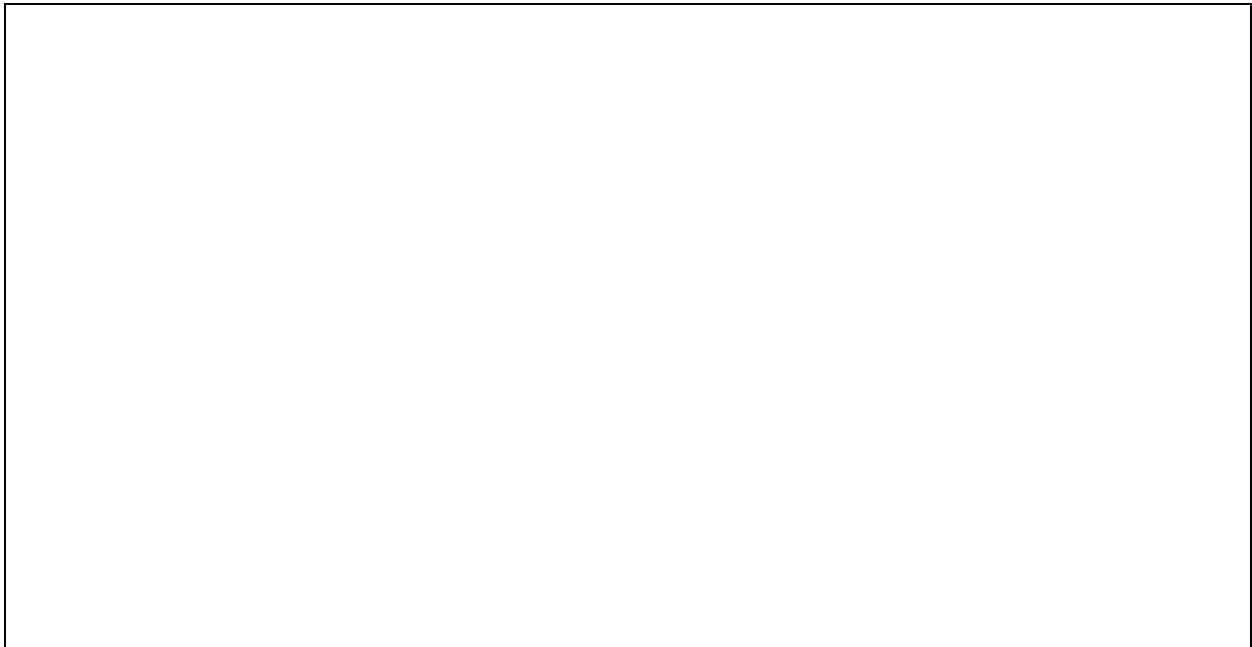
Reason / Justification for Proposed Change

B. Please state the reason(s) for why this park or Off-Leash Area is being submitted for review.

C. Please specify any site safety issues that have been identified at this Off-Leash Area



D. Please provide any documented incidents or interactions with animals that you as a key stakeholder or park user have experienced at this site.



E. Please provide any other relevant information that supports the recommended site change.

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APPLICANT SIGNATURE	DATE

This personal information is being collected under the authority of Sections 1 and 3 of the Off-Leash Area Designation Admin Directive A-CS-03 and Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to inform neighboring owners of requested proposed change(s) to Off-Leash Area Designation and will be used to collect feedback on the support or acceptability of the proposed change(s). It will be treated in accordance with the privacy protection provisions of Part 2 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Community Recreation Coordinator at 780-418-6063.