



**APPLICATION FOR HEARING WITH RESPECT TO NOTICE TO
MUZZLE/DANGEROUS DOG DECLARATION
Town of New Tecumseth Dangerous Dog By-law No. 2002-045**

This appeal form and fee shall be delivered to the Clerk/Director of Administration Services within thirty (30) days after the Notice to Muzzle has been served.

Attn: Municipal Law Enforcement
10 Wellington Street East
Alliston, Ontario L9R 1A1

1. Dog Owner:

Name: _____

Address: _____ Postal Code: _____

Phone: _____ email: _____

2. Details of Dog Deemed Dangerous:

Dog's Name _____ Dog Tag #: _____

Breed: _____ Colour: _____

Age: _____

3. Reason for request for Hearing (If additional space is required, please attach additional pages to this form):

4. Please advise who will be attending the Hearing

The information contained in this Application is true to the best of my knowledge.

As a result of making this application, the undersigned acknowledges, covenant and agrees to adhere to all Provincial Public Health Restrictions as of the date of this application and to indemnify and save harmless the Town of New Tecumseth from any liability for medical issues arising from the processing of this application howsoever arising.

Signature of Dog Owner

Date