## **CITY OF MENTOR**



## ANIMAL WELFARE ORGANIZATION REGISTRATION FORM

REV: 3/17/17

Name of Animal Welfare Organization			
Primary Contact Name & Title			
Street Address	City	State	Zip Code
Telephone	Email		
Has I.R.S. 501 (c) (3) status been obtained? Please provide documentation	Yes	No	
If Known at Time of Registration, Location of F	Feral Colony/Colonies	(address or gener	ral area)
Please identify and list all officers currently as	sociated with your or	ganization:	
Name T	itle	T	elephone
1.			
2.			
3.			
4.			
5.			
Please describe specifically how your organiza conducted in reference to the management o			) program will be

Continued on reverse

Please attach a separate sheet if you require addition	nal room
understand the requirements of City of M management of feral cat colonies and tha	nimal Welfare Organization listed above, that I have read and lentor Codified Ordinance Section 505.30 regarding the it my Organization will be required to provide quarterly reports 505.30 (d) regarding our management of said colonies.
Signature	Date
Please mail or drop off application to:	City of Mentor Natural Resources Office 8500 Civic Center Boulevard Mentor, OH 44060

If you have any questions, please contact Mentor Natural Resources at (440) 974-5720 or parks@cityofmentor.com