

Will you serve as primary point of contact? Yes No

If no, then name of primary point of contact _____
(Please see 732.1 of the enclosed Dog Park Regulations)

Home Number: 703-599-0809 Mobile: 703-599-0809

Other: _____ Fax: _____

Email Address: michaelcohen5@gmail.com

Which is the preferred mode of contact? Email

CERTIFICATION AND SIGNATURE

I have read the rules and regulations set forth by the Government of the District of Columbia for the establishment of dog parks. As representative of the above mentioned sponsor group, I agree to adhere to the rules and regulations published in 19 DCMR Chapter 7.

Furthermore, I certify that the statements made in this application to the District of Columbia Department of Parks and Recreation, including the supplements and attachments, are accurate and complete to the best of my understanding. I understand that any false, misleading, and/or inaccurate information may serve as the basis for the District of Columbia Department of Parks and Recreation to reject this application.

Michael Cohen
Representative's Name

12/10/2015
Date

Michael Cohen
Representative's Signature

12/10/2015
Date

APPLICATION CHECKLIST

The following supplemental information has been included and should be used in evaluating the application.

- Formal Proposal Letters of Support Petition

For Official Use Only	
Date Received: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
_____ DPARC Representative	