Service Animal License Fee Waiver Request



Crook County Sheriff's Office 308 NE 2nd St. Prineville, OR 97754 Ph: 541-447-6398 Fx: 541-416-0353 CCSOweb@crookcountysheriff.org

In accordance with ORS 609.105 and 659A.143, regarding The Americans with Disabilities Act, to establish a service animal's function, individuals requesting a license fee waiver are asked to provide the following:

- page Certification of Function and Training (Below)
- p Dog License Application

The Americans with Disabilities Act defines a "service animal" as a dog individually trained to provide assistance to an individual with a qualified disability. Service animals perform functions and tasks that the individual with a disability cannot perform for him or herself. Dogs whose sole function is to provide comfort or emotional support do not qualify as

Applicant:			
First Name	Middle	Last	
Address	Cit	-y	Zip
Mailing Address if di	fferent		
Description of Service	e Animal:		
Name		Date of Birth	
Dog Breed			
Please describe the w	ork or task that your dog l	nas been specificall	y trained to perform:
	,	-	

service animals under the Americans with Disabilities Act.

I certify that the dog described above is a associated with my disability.	service animal that is inc	lividually trained to perform task	ζS	
Signature		 Date	_	