

Department of Public Safety

Live Animal Trap Application

Applicant	Information
Name:	Phone: (H) () -
Address:	Phone: (C) () -
Trap Location:	Your Date of Birth:
Trap	Information
Trap Type: Cat/Racoon Dog Trap	Trap Number:
Date Check out: / /2020	Date Due Back: / /2020
Checked Out by:	Checked In by:
Deposit Amt: \$60.00 Check # CCard	Date Checked In: / /2020

Springville City loans out traps at NO COST to residents as a public service. By checking out the trap I understand and agree to the following:

- ✓ Traps are only loaned for a two-week period.
- ✓ Traps must be returned Monday Friday between the hours of 8:00 am and 4:00 pm, holidays excluded. Please call 801.489.9421 to have the Animal Control Officer (ACO) pick up the trap.
- ✓ DO NOT set traps on Saturdays, Sundays or holidays. No ACO's are on duty.
- ✓ If you finish with the trap prior to the end of the two weeks, call to have an ACO pick up the trap.
- ✓ Traps are loaned to the person whose name is on the application and cannot be sub-loaned. The trap will only be placed on the property that you own and have legal control over.
- ✓ You are responsible for checking the traps daily and calling as soon as practicable between the hours of 8:00 am − 4:00 pm, M-F, if an animal is caught. Animals caught in the trap MUST be turned over to the Animal Control Officer, with the exception of SKUNKS. Springville Police Department will not be responsible for the euthanizing or collecting skunks, alive or dead.
- ✓ If a skunk is trapped, you are responsible to contact a Pest Control Company to take care of the live or dead animal. Skunks CANNOT be euthanized by use of a firearm.
- ✓ Trapped animals will ONLY be picked up Monday Friday during regular business hours, 8:00 am 3:00 pm.
 Officer will NOT pick up animals after regular working hours, Saturdays, Sundays or holidays.
- ✓ I am responsible for this item and agree to pay Springville City \$60.00 for the cost of replacement or repair should it become lost, stolen or damaged while in my possession or not returned by the date listed by cashing the deposit check or charging the credit card listed below.

Signature	Date
■ Visa ■ MasterCard ■ American Express	Name on Card:
Billing Address:	Card #:
City/State/Zip:	Expire date: / /2020