



**CITY OF WEST DES MOINES
APPLICATION FOR ANIMAL
DRAWN VEHICLE**

NAME _____

ADDRESS _____

PHONE NUMBER _____

TYPE OF VEHICLE _____

PROPOSED ROUTE _____

DATE OF USE _____ **TIME** _____

INSURANCE CERTIFICATE ATTACHED _____

**EXPLANATION OF HOW ANIMAL EXCREMENT WILL BE REMOVED FROM STREETS
AND DISPOSAL METHOD** _____

**APPLICANT AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE WEST DES
MOINES CITY CODE TITLE 3, CHAPTER 12 (ANIMAL DRAWN VEHICLES)**

DATE

SIGNATURE OF OWNER / OPERATOR