

**Application to Keep Hens in Residential Areas**

Name of Registered Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_

Email (mandatory): \_\_\_\_\_

Number of laying hens (must be 5 or less): \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_

Vet Contact Information \_\_\_\_\_

\_\_\_\_\_

Please draw or attach a site plan or coop design/layout:

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Registered Owner