

City of Hobart Police
Law Enforcement Center
204 North Lincoln Street
Hobart, Oklahoma 73651
Chief Strider Estep

Phone: (580) 726-2424 Fax: (580) 726-2474

Date

Voluntary Placement Form for Animal Trap

Last Name:	First Name:		Middle Name:			D.O.B.	
Home Address with Apartment Number if any		City	State	State Zip Phone Number			
		Hobart	ОК	73651	() -		
DL/ID Number	DL/ID State	=	Employer & Phone Number				
	Read The	Following S	tatemen	t:			
l,	, take fu	ll responsib	ility of th	e City of H	obart's Live	e trap left at my	
property located at the above address on the da			y of, 20				
While the trap is in my pos	ssession, I understan	d and agree	to take f	ull respon	sibility for a	any damages or	
loss of property that may occur while the trap is in my possession. I understand that should the trap be							
damaged, lost or stolen my	y deposit will be forf	eited to the	City of H	obart. I als	so understa	and agree	
that this trap will remain a	t my property for a t	total of	days	(no more	than 7-10	days), if no	
animal is trapped then this	trap will be returne	d to the Ho	bart Anin	nal Shelter	by Myself	or recovered by	
the Hobart Animal Control	Officer. I understan	d that I will	be requir	ed to pay	a trap depo	osit of \$50.00.	
Signature:				Date:			
Printed Name:		×				-	
Signature of ACO:			Date:				
Printed Name:		and the second s		and the allegated of the second se	of the distribution of the latest of the lat		
Trap Returned Date:							
Deposit refund Authorized	l by:						