Chicken Coop Application

Date: _____

Applicant Information:

Name: _____ Phone: _____
Mailing Address: _____
Street Address: _____
Signature: _____

Property Owner Information: (if different than applicant)

Name: _____ Phone: _____
Mailing Address: _____
Signature: _____

I, _____, swear that all of the statements contained in this application are true, and that this permit holder shall keep the chickens in compliance with the terms of the permit, application and Section 5-4-3 of the Manhattan Town Code.

PETITION FOR CHICKEN PERMIT _____Chickens Proposed (#)

The undersigned have no objections to a Chicken Permit at the above address.

Print Name	Signature	Address

Town of Manhattan, PO Box 96, Manhattan, MT 59741, 120 West Main, (406)284-3235
townofmanhattan@gmail.com