

Brittany Pickett
Chief Deputy

Jeffery Bellomo, ESQ
Solicitor

County of York
Barbara L. Bair
Treasurer



(717) 771-9603
Telephone

(717) 771-4331
Fax

www.YorkCountyPA.gov
Web Site

Treasurer@YorkCountyPA.gov
E-mail

AFFIDAVIT FOR DOG LICENSE
(PERSON WITH DISABILITY)

Dog License Number: _____

I hereby certify that I am the owner of the dog that is the subject of this dog license application. I further certify that I am a 'person with disability' as that term is defined in Section 102 of the Pennsylvania Dog Law (P.L. 784, No. 225 as amended), in that one or more of the following apply:

- I receive disability insurance or supplemental security income for the AGED, BLIND or DISABLED the Social Security Act (49 State 620, 42 U.S.C. Section 301 et. Seq.)
- I receive a rent or property tax rebate under the act of March 11, 1991 (P.L. 104, No. 3), known as the "Senior Citizens Rebate and Assistance Act, 'ON ACCOUNT OF DISABILITY'."
- I have a handicapped license plate under 75 PA C.S. Section 1338 (RELATING TO HANDICAPPED PLACE AND PLACARD.)
- I am a disabled veteran. CLAIM NUMBER: _____

I make this statement subject to the criminal penalties of 18 PA C.S. section 4904 relating to unsworn falsification to authorities.

Name: _____ Date: _____

This affidavit must be completed and signed each year for any dog owned by the disabled person.