

**City of Clarkston
829 5TH St.
Clarkston, WA 99403
509.758.5541**

CHICKEN PERMIT APPLICATION

Application Date _____

Applicant's Name _____

Applicant's Address _____

Applicant's Phone # _____ Email Address _____

**By Signing you agree to comply with the Clarkston Municipal Code Title 6.26
pertaining to Chicken keeping with the City of Clarkston:**

Applicant's Signature _____

Official use only

Date Received by City Hall _____ Received by _____

Date Received by CPD _____ Received by _____

Clarkston Police Department:

Approves this request _____ Date _____

Denies this request due to the following:
