



Animal Services

City of Pearland
2002 Old Alvin Road
Pearland, Texas 77581
Phone: 281.652.1970

Trap Request Form

pearlandtx.gov

Name: _____

Address: _____

Telephone #: _____

Work #: _____

Drivers License #: _____

Signature: _____ Date: _____

****NOTE** At the time of signing this form the person requesting the use of the trap is deemed responsible for the trap until the trap is returned to the City and/or picked up by an Animal Services Officer. I understand and agree that traps are not to be set on weekends and that traps will not be serviced by the City on weekends (Friday 5 p.m. through Monday 8:30 a.m.) or City Holidays.**

Traps will not be issued during periods of extreme HOT or COLD weather.

This section to be filled out by Animal Services Personnel

Trap #: _____

Date Trap Issued: _____

Staff Signature: _____