



AMANDA C. HILES  
ARMSTRONG COUNTY TREASURER

450 E MARKET STREET, SUITE 100  
KITTANNING, PA 16201

AFFIDAVIT

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 "person with a disability" as that term is defined in Section 102 of the Pennsylvania Dog Law (PL 784, No 225 as amended), in that:

\_\_\_\_\_ I receive disability insurance or supplemental security income for the aged, blind or disabled under the Social Security Act (49 Stat. 620, 42 USC & 301 ET, SEQ).

\_\_\_\_\_ I receive a rent or property tax rebate under the Act of March 11, 1991, (PL 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. 1338 (relating to handicapped plate and placard).

\_\_\_\_\_ I am a 100% disabled veteran. Claim Number \_\_\_\_\_.

I MADE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 PA C.S. & 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

\_\_\_\_\_  
Dog Owner Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number