

Centerfield City

130 South Main Street, Centerfield, UT 84622 Mailing Address: PO Box 220200, Centerfield, UT 84622

Email: office@centerfieldcity.org Telephone: (435) 528-3296 www.centerfieldcity.org

DOG LICENSE APPLICATION

Licenses are issued for the calendar year. Please complete the form below and return it, along with your check made payable to Centerfield City. Applications may be submitted, in person, at the Centerfield City Hall, located at 130 South Main Street.

DOG LICENSE INFORMATION (Please Print) All applications require a copy of the rabies vaccination certificate showing it to be valid through the license and be attached to the application when filed. Dog's Name:	DOG OWNER / GU	ARDIAN INFORMATI	ON [Please Print]		
Phone:Alt. Phone:Email Address:	First Name:		Last Name	:	
Dog License Tag Number (For Office Use) Dog License Tag Number (For Office Use) Dog License Tag Number (For Office Use) All applications require a copy of the rabies vaccination certificate showing it to be valid through the license and be attached to the application when filed. Dog's Name:	Street Address:		_	PO Box:	Centerfield, UT 84622
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All applications require a copy of the rabies vaccination certificate showing it to be valid through the license and be attached to the application when filed. Dog's Name:	Pate of Birth:l		_Utah DL#:		DOG EIGENSE I/ (G NOWBER.
and be attached to the application when filed. Dog's Name:	DOG LICENSE INFO	PRMATION (Please P	rint)		(For Office use)
Description / Color:				ficate showi	ing it to be valid through the license peri
Rabies Vaccination Date: Expiration Date: Tag #: SEX: Male Female Spayed/Neutered: No Yes (certificate required) TYPE OF LICENSE - All fees are non-refundable. Unaltered dog \$30 Altered dog \$15 Dog Tag Replacement Fee \$5 **A late fee of 100% of the license fee will be applied for all renewal applications received after February of year. I hereby certify that the above information is accurate to the best of my knowledge. I am the lawful owner the aforementioned dog, and I accept all responsibility for such dog. Signature: Date:	Dog's Name:		Breed:		
SEX: Male Female Spayed/Neutered: No Yes (certificate required) TYPE OF LICENSE - All fees are non-refundable. Unaltered dog \$30 Altered dog \$15 Dog Tag Replacement Fee \$5 **A late fee of 100% of the license fee will be applied for all renewal applications received after February of year. I hereby certify that the above information is accurate to the best of my knowledge. I am the lawful owner the aforementioned dog, and I accept all responsibility for such dog. Signature:	Description / Color:				Dog's Age:
Unaltered dog \$30 Altered dog \$15 Dog Tag Replacement Fee \$5 **A late fee of 100% of the license fee will be applied for all renewal applications received after February of year. I hereby certify that the above information is accurate to the best of my knowledge. I am the lawful owner the aforementioned dog, and I accept all responsibility for such dog. Signature:	Rabies Vaccination Date:		Expiration Dat	te:	Tag #:
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