CITY OF DE PERE
ANNUAL DOG LICENSE APPLICATION

Owner’s Name:

Address: ____________________________ Phone: ____________________________

Dog’s Name: ____________________________ Breed: ____________________________ Color: ____________________________

Dog’s Name: ____________________________ Breed: ____________________________ Color: ____________________________

* Copy of Rabies Vaccination Certificate(s) Must Accompany This Application*

New License □ Renewal License □

<table>
<thead>
<tr>
<th># of Dogs</th>
<th>Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>Neutered Male @ $6.00 each</td>
<td>$ ___________</td>
</tr>
<tr>
<td>_______</td>
<td>Spayed Female @ $6.00 each</td>
<td>$ ___________</td>
</tr>
<tr>
<td>_______</td>
<td>Unneutered Male @ $12.00 each</td>
<td>$ ___________</td>
</tr>
<tr>
<td>_______</td>
<td>Unspayed Female @ $12.00 each</td>
<td>$ ___________</td>
</tr>
<tr>
<td>_______</td>
<td>Late Fee(s) @ $5.00 each</td>
<td>$ ___________</td>
</tr>
</tbody>
</table>

Postage (if you wish to have your licenses mailed) $ 1.00

TOTAL Number of Dogs ________ TOTAL Due: $ ___________ (including any postage and late fees)

Licenses must be purchased or renewed between January 1 and March 31 of each year. If renewed after March 31, there is an additional late charge of $5.00 per dog. NOTE: This does not apply if you are either new to the City or if this is a new dog for you.

Receipt and license tag(s) will be mailed to the address you list above. If you have any questions, please contact our office at (920) 339-4050.

Please mail your completed application, copy of rabies certificate(s) and appropriate license fees to:

City of De Pere, Clerk’s Office, 335 S. Broadway, De Pere, WI 54115

OFFICE USE ONLY:

Dog Tag # 1: ____________  Dog Tag # 2: ____________  Amount Paid: $ ____________

Receipt #: ____________  Payment Date: ____________