## TOWN OF UNION APPLICATION FOR DOG LICENSE

<b>DATE</b>			

OWNER'S NAME						
ADDRESS						
CITY/STATE/ZIP						
PHONE						
	DOG #1	DOG #2		DOG #3		
NAME						
SEX						
AGE						
SPAYED/NEUTERED?	YES	NO YES	NO	YES NO		
BREED						
COLOR						
RABIES VACCINATION DATE*						
		*PROOF	REQUIR	ED TO OBTAIN LICENSE		
FEE SCHEDULE		QUANTITY		MOUNT		
SPAYED/NEUTERED		\$8.00 ×	= \$			
NOT SPAYED/NEUTERED		\$ 15.00 × =				
LATE FEE (AFTER APRIL 1)	\$ 5.00 ×	= \$				
*MAKE CHECK PAYABLE TO TOWN	I OF UNION	TOTA				
		1017	<b>~L.</b>			
•		or rental purposes, ple				
Return form and payment	to Town of Union,	15531 W. Green Bay	Rd., Ev	ansville, WI 53536		
OFFICE USE ONLY						
CASH CHECK CHECK	<i>#</i>	LICENSE #				
TREASURER SIGNATURE DATE						