



## Dog Tag Licence Application

Dog Owner's Name \_\_\_\_\_

Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Dog Information

Dogs Name: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Circle the correct information:            Male            Neutered            Female            Spayed

Breed: \_\_\_\_\_

Age: \_\_\_\_\_            Colour & Markings: \_\_\_\_\_

Owners Signature: \_\_\_\_\_            Date: \_\_\_\_\_

### Payment Method

Please mail this form with payment and a Self-Addressed Envelope to the Township of Cramahe, Post Office Box 357, 1 Toronto Street, Colborne, Ontario, K0K 1S0 and a dog tag will be forwarded by return mail: **Please do not send cash by mail.**

The information on this form is being collected under the authority of section 4 of the *Municipal Freedom of Information and Protection of Privacy Act*. This information will be used for the purpose of processing an access request under the *Act*. Enquiries regarding the collection of this information should be directed to the Office of the Clerk / Freedom of Information Coordinator, Township of Cramahe, 1 Toronto Street, Colborne, Ontario, K0K 1S0, (905) 355-2821 Ext. 222.