



Dog Tag License Application

Dog Owner's Name:

Civic Address:

Mailing Address:

Telephone Number:

Dog Information:

Dog's Name:

Mircochip Number:

Check the current information: Male Neutered Female Spayed

Breed:

Age:

Colour & Markings:

Owner 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.