

APPLICANT'S NAME: _____

CITY OF MARCELINE DOG TAG APPLICATION

Dog tag fee is \$6.00 per dog. One application form per dog. (Will need proof of valid / current shot records)

APPLICANT'S ADDRESS:	
PHONE NUMBER:	Cell Home Work
BREED:	
GENDER:	
NAME:	
	nowledges that the above information is true and accurate. etion 220.1500 and 220.160 of Chapter 220 of the City of
	Signature / Date
	For Office Use Only
Dog Tag Fee Paid \$	Tag Number:
Cash:	Expiration Date:
Check:	
Credit Card:	
Proof of valid/current shot record:	
	 Date