Date: _		
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Dog License Application

Town of Mexico
64 S. Jefferson St. PO Box 98
Mexico, NY 13114-0098

Di		ico, NY 13114-0098	9906
	, ,	63-7633 Fax: (315) 963-	
Owner Identification	i: (Any pei	rson who shelters o	r feeds the dog.)
Name of Owner:			
Phone:	E-n	nail:	
Address:			
City:	Sta	te:Zip code:	
Dog Information: (P	lease use	a separate applica	tion for each dog.)
Dog Name:		Breed:	
Primary Color/Markings:			
Year of Birth:			
o proof of rabi Box 98, Mex 2. Make checks payak	e: n person: ion of spaying/ne les vaccination kico, NY 1311 ole to: Town o	utering or proof of exempt n to the Mexico Town Cler 4. f Mexico. Mail to: Mexico T	ion k at 64 S. Jefferson St, PO Fown Clerk, PO Box 98,
Mexico, NY 13114	or in person a	t 64 S Jefferson St, Mexic	0.
Type of License:			
Spayed/Neutered:	\$6.00	Unspayed/Unneutered	d: \$18.00
Signature of Owner:		Date:	