

City of Newport 200 S. Washington Avenue Newport, WA 99156 (509) 447-5611

ANNUAL Dog License Application

TOR					DATE:			
			PHON	PHONE		DAY TIME #		
					HOME			
OWNER'S I	NAME							
MAILING A		1/50.5		0:1				
Street / PO Box PHYSICAL ADDRESS (If different from above)		City		State	Zip			
PHYSICAL	ADDRESS (IT OIL	nerent from above)						
EMAIL ADD	RESS						 	
	ION OF DOG(S)							
City Use Only Tag No.	Dog's Name	Breed	Color	Sex	Is your dog spayed/neutered	Rabies Vac	Fee	
			TOTA	L AMO	UNT ENCLOSE	D \$		
FEES: NEUTERED/SPAYED UNNEUTERED/UNSPAYED				\$10.00 \$50.00 *Proof of spay/ be provided the				
LA	TE FEE (If lice	nsed after February	28 th)	\$10.00		dog is licensed		
	NOTE: You m	ust license your	dog by age 6	mos. Of	R within 30 days o	of living ir	ı town	
PAYMENT	METHOD: 🗖 (CHECK CAS		/MASTE	_			
VISA/MAS		FORMATION – <mark>Fo</mark>						
Name on C	Credit/Debit Ca	rd:				_		
Credit/Deb	it Card #:			0	CVV Code: _			
Expiration	Date:		Billing Statem	ent Zip (Code:			
Contact Pr	none #:		Amount to be	Paid: \$_		_		
Signature:						- .		