

## **TOWN OF WEST TISBURY**

## Office of the West Tisbury Town Clerk

508-696-0148 – townclerk@westtisbury-ma.gov

## **Application for a Dog License**

(For Dogs Six Months or Older)

**DEADLINE:** February 1st

## → YOU CAN NOW FILE AND PAY FOR THIS APPLICATION ONLINE AT

https://epay.cityhallsystems.com/

OWNER INFORMATION	ON.					
Owner Name:	ON:					
Physical Address:						
Mailing Address:						
Telephone number(s): [These numbers are <u>not</u> public,	, but are requ	iired to h	elp us contact y	ou if youi	r dog is missing.]	
DOG INFORMATION:						
Name:		Mi	crochip Co. &	& No		
Breed:		Sec	cond/Sub Bre	ed: _		
Color:		Sec	cond Color:			
Sex:			Neutered	/Spayed	1?	_
Age:				- · ·		
Rabies Expir. Date:			<b></b>	—	We must have the cu expiration date to iss	ll ll
Veterinarian:						
FEES:						
Checks should be made or	ut to the "T	own of	West Tisbur	y" and r	returned with this	
completed form. Refer to	the section	n below	to calculate t	the corre	ect fee amount.	
License Type	Quantity		Fee		Totals	
Male		X	\$10.00		}	NO CHARGE
Neutered Male		X	\$6.00		}	for owners
Female Spayed Female		X X	\$10.00 \$6.00		}	over 70
Spayed Female		1	φυ.υυ		}	
Postage (per household – maile <b>Total Payment Enclosed:</b>	ed tags only):				\$2.00 \$	

If you have 5 or more dogs, you must apply for a kennel license by calling 508-684-8201