CITY OF MELVINDALE, CLERK'S OFFICE
3100 Oakwood Boulevard, Melvindale, MI 48122
313-429-1055

Last Name of Applicant

APPLICATION FOR DOG LICENSE

(Pursuant to City of Melvindale Code of Ordinances Chapter 4, Article II)

- All dogs within the City, 6 months of age or older, must be licensed.
- New residents must purchase licenses within 30 days of moving into the City.
- A current rabies vaccination certificate must be presented when applying for a dog license.
- The fee for a dog license is $6.00.
- Licenses are valid for one calendar year; all licenses will expire on December 31 of the year for which it was issued.

_____
Name of Applicant

_____
Address of Applicant

(____) _____ (____) _____
Telephone Number **Alternate Telephone Number**

_____
Predominant Breed of Dog – *It's best not to just write "Mix" please*

Is this dog a Pit Bull or Pit Bull Mix? ☐ Yes
(Check one) ☐ No

_____ _____ year(s)
Name of Dog **Age of Dog**

_____ **Is this dog a:** ☐ Male
Color of Dog *(Check one)* ☐ Female

FOR OFFICE USE ONLY:

Fee: $6.00

Date Paid: _____

Receipt #: _____

License # - _____

Authorization: _____

Attach this form to a copy of the current rabies vaccination certificate.

I certify that all of the above statements on this application are true and correct.

X_____ _____
Signature of Applicant **Date**