

CITY OF DE PERE ANNUAL CAT LICENSE APPLICATION

| | | |
|---------------|--------|--------|
| Owner's Name: | | |
| Address: | | Phone: |
| Cat's Name: | Breed: | Color: |
| Cat's Name: | Breed: | Color: |

*** Copy of Rabies Vaccination Certificate(s) Must Accompany This Application***

New License

Renewal License

| # of Cats | Type | Fee |
|----------------------------|--|--|
| _____ | Neutered Male @ \$6.00 each | \$ _____ |
| _____ | Spayed Female @ \$6.00 each | \$ _____ |
| _____ | Unneutered Male @ \$12.00 each | \$ _____ |
| _____ | Unspayed Female @ \$12.00 each | \$ _____ |
| _____ | Late Fee(s) @ \$5.00 each | \$ _____ |
| | Postage (if you wish to have your licenses mailed) | \$ 1.00 |
| TOTAL Number of Cats _____ | | TOTAL Due: \$ _____ (including any postage and late fees) |

Licenses must be purchased or renewed between January 1 and March 31 of each year. If renewed after March 31, there is an additional late charge of \$5.00 per cat. NOTE: This does not apply if you are either new to the City or if this is a new cat for you.

Receipt and license tag(s) will be mailed to the address you list above. If you have any questions, please contact our office at (920) 339-4050.

Please mail your completed application, copy of rabies certificate(s) and appropriate license fees to:

City of De Pere, Clerk-Treasurer's Office, 335 S. Broadway, De Pere, WI 54115

OFFICE USE ONLY:

Cat Tag # 1: _____
Receipt #: _____

Cat Tag # 2: _____
Payment Date: _____

Amount Paid: \$ _____