

**Village of St. Johnsville Dog License Renewal**

Marissa Nellis - Village Deputy Clerk  
518-568-2221  
16 Washington Street  
St. Johnsville, NY 13452

License #: _____	Spayed/Neutered: YES
Name: _____	Exp Date: _____
Sex: _____	License Fee: \$4.00
Birth Year: _____	State Surcharge: \$1.00
Breed: _____	LATE FEE: 30 days after expiration date
Color: _____	PAY THIS AMOUNT: \$5.00

Owner/ Address:

\_\_\_\_\_  
\_\_\_\_\_

St. Johnsville, NY 13452

Phone #: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Which would you prefer? Check one.

Mailing correspondence  
 Email correspondence ---- Email: \_\_\_\_\_

Please place a check mark with any changes:

Dog is deceased Date of death (approximate): \_\_\_\_\_  
 Dog is lost or stolen Date missing (approximate): \_\_\_\_\_  
 Change of Address  
New Address: \_\_\_\_\_

Transfer of ownership  
(New) Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**NO CHANGES**