

# Village of St. Johnsville Dog License Renewal

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

License #: _____	Spayed/Neutered: NO
Name: _____	Exp Date: _____
Sex: _____	License Fee: <b>\$12.00</b>
Birth Year: _____	State Surcharge: <b>\$3.00</b>
Breed: _____	<b>LATE FEE: 30 DAYS AFTER EXPIRATION DATE</b>
Color: _____	<b>PAY THIS AMOUNT: \$15.00</b>

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**