City of Lonsdale
Dog License

TAG #_____

415 Central St. W
P.O. Box 357
Lonsdale, MN 55046

Phone: (507) 744-2327
Fax: (507) 744-5554

LICENSE INFORMATION

FEE $15.00 FOR 2 YEARS (Expire on May 15th)

$2.00 FOR REPLACEMENT TAG

1. GENERAL INFORMATION:

_____ _____
Date Applicant's Name

_____
Address

_____
City State Zip

_____ _____
Home Phone # Cell Phone #

2. DOG INFORMATION:

_____ _____
Dog's Name Breed

Please check all that apply

Sex
☐ Male ☐ Neutered
☐ Female ☐ Spayed

Color (s): _____ _____ _____
Dominate Secondary Third

RECEIPT NO.: _____

DATE PAID: _____

EXPIRATION DATE: _____

3. CITY CONTACTS:

City Hall	(507) 744-2327
Police Station	(507) 744-2300
Public Works	(507) 744-2397

4. ACKNOWLEDGMENT:

I hereby certify that the information contained herein is correct and I agree to the provisions of the City Code of the City of Lonsdale. I make this statement subject to the criminal penalties of §10.99 of Lonsdale City Code.

_____ _____
Applicant's Signature City Official