



## City of Streator

204 South Bloomington Street

Streator, Illinois 61364

Phone: (815) 672-2517

Fax: (815) 672-7566

**Fee: \$15**

### DOG TAG PERMIT APPLICATION

Reference: Streator Municipal Code Chapter 6.08.020

Renewal       New

City Tag #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Owner's Last Name: \_\_\_\_\_ Owner's First Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Dog's Address if Different From Owner: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Dog's Color: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Neutered/Spayed:

Micro-chipped      Microchip #: \_\_\_\_\_

Rabies Tag Date: \_\_\_\_\_  1 year       3 year      County Tag #: LA-\_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

PLEASE PROVIDE A PHOTO OF YOUR PET IF POSSIBLE:       Attached

Owner's Signature: \_\_\_\_\_

**PAID STAMP**