CHARLEMONT



Dog License Application

Applications are due by March 31st Charlemont Town Clerk PO Box 605 Charlemont, MA 01339 townclerk@townofcharlemont.org 413-339-4335 x7

Owner

First and Last name: Residential Address (No PO Box!): Mailing Address: Phone Number:

K-9

Name: Breed: Gender: Color: Age: (years) (months)

Please attach veterinary certificate. If we have it on file, let us know. Your application will not be considered without a current rabies certificate!

Rabies Expiration Date: Rabies Tag Number:

> Make checks payable to **"The Town of Charlemont"** All dog licenses are \$5.00 Additional \$10 late fee assessed after March 31st, \$25 after April 30th Please enclose a self-addressed, stamped envelope.

For additional applications, visit https://townofcharlemont.org/p/24/Town-Clerk If you have any questions, use the contact info above.