

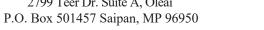
Name:

Address:_

Owner Information

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE MAYOR **MUNICIPALITY OF SAIPAN**

2799 Teer Dr. Suite A, Oleai





Please check mark one or more of the following

purposes of this application.

License Renewal

New License

Tel.: (670) 234-6208 Fax: (670) 234-1190 Email: saipanmayor@mos.gov.mp **DOG LICENSE APPLICATION**

Addi 655						Tag Replacement (lost, broken, stolen, etc.)			
Home No.:Cell No.:						Impoundment Release			
Email:						Adoption			
				PET INFO	ORMATIC				
		Ι			1 1		OFFICIAL	USE ON	<u>-Y</u>
Name Gender (M/F)			Breed	Breed Color		Altered (Y/N)	Tag Issued	ed Expiration Date	
						+			
						<u> </u>			
	T			T	<u> </u>	<u> </u>	<u> </u>	1	T
License Type	Non-Altered Rate	No. of Dogs	Total Amount	Altered Rate	No. of Dogs	Total Amount	Senior Citizen Rate ¹	No. of Dogs	Total Amount
1 Year	\$10.00			\$6.00			\$5.00		
2 Year	\$18.00		\$10.00				\$8.00		
3 Year	\$26.00			\$14.00			\$10.00		
4 Year	\$34.00			\$18.00			\$12.00		
5 Year	\$42.00	Total		\$24.00	Total	1	\$15.00	Total	
Applied Fees				Rate	Additional Rate		No. of Days	No. of Dogs	Total Amount
Adoption				\$20.00		/A	Days	Dogs	Amount
1st Impoundment				\$16.00		per day			
2 nd Impoundment				\$32.00		per day			
3 rd Impoundment				\$47.00		per day			
Special Impoundment (after hours) ²				47.00		per day			
Penalty Fee ³				20.00	N	/A		Total	
								Total	
	eration are Monde	-		·	s not been	issued for	the current year. Grand Tota	I: \$	
	I hereby verify t	hat the ab		IFICATION O			of my knowledge a	and belief.	
	Signs	ature of Ov	wner				Date		
	Signe	acure or Ol	WITCI				Date		
				OFFICIAL					
	ı	Payment I	Receipt Nur	mber:					
Rece	Received by (Print and Initial):					Date	e:		

White - OWNER Yellow - FISCAL DIVISION Pink - MOS DCP