

The fields on this application can be filled out by simply typing in the boxes

Application for Dog Registration for the Year **2020**

Application No _____

DOG'S NAME	DOG AGE		SEX M=MALE F=FEMALE	COLOR									HAIR		BREED OF DOG	NEW DOG Y - N	CURRENT FEE	PENALTY	SPAY/ NEUTERED Y - N	RABIES DATE IF KNOWN	THIS YEARS TAG
	YR	MO		Black	White	Gray	Birchle	Tan	Brown	Red	Gold	Long	Short								
							X														

Trumbull County
Adrian S. Biviano, Auditor

To the Auditor of Trumbull County, Ohio, I the undersigned, Keeper or Harbore, hereby tender the legal fees for Registration of the Dog(s) described on this form.

OWNER PHONE _____

OWNER NAME _____

LAST FIRST INITIAL

ADDRESS STREET APT. NO.

CITY STATE ZIP CODE

**ALL DOG LICENSES ARE
\$18.00 EACH UNTIL
JANUARY 31, 2020**

SIGNATURE

OF APPLICANT _____

DATE
SIGNED _____

DEPUTY
OR AGENT _____

Please fill out form and mail with payment to the following address:

Trumbull County Auditor
160 High St. N.W.
Warren, Ohio 44481
Attn: Dog License Division