



**MAIL - IN DOG LICENSE FORM**  
**TOWN CLERK - P.O. BOX 119, CHILMARK, MASSACHUSETTS 02535**  
**(508)645-2107**

**We realize that many of you find it difficult to get to the Town Hall during regular business hours. Please fill out this form COMPLETELY and enclose a check for the proper amount.**

**OWNER INFORMATION:**

Owner's Name \_\_\_\_\_  
House Number and Street Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

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**DOG #1** Type (please circle one) Male / Neutered Male / Female / Spayed Female

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Rabies Tag Number \_\_\_\_\_

Rabies Certificate Expiration Date (must have month/day/year) \_\_\_\_\_

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**DOG #2** Type (please circle one) Male / Neutered Male / Female / Spayed Female

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Rabies Tag Number \_\_\_\_\_

Rabies Certificate Expiration Date (must have month/day/year) \_\_\_\_\_

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**FEES** - Checks should be made out to the "Town of Chilmark." You may return this completed form, along with a check for the proper amount in the same envelope as your census form. We will mail you your dog license tag.

<b>Type</b>	<b>Quantity</b>		<b>Fee</b>	<b>Totals</b>
Male (s)	_____	X	\$10.00	_____
Neutered Males (s)	_____	X	\$ 6.00	_____
Female (s)	_____	X	\$10.00	_____
Spayed Female (s)	_____	X	\$ 6.00	_____
Postage (for mailing license tag)				\$ .50
<b>Total Payment Enclosed</b>				<b>\$ _____</b>