



2025 – 2026 APPLICATION FOR DOG LICENSES



Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

La Grange Park, IL 60526

Phone #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

<u>Dog name</u>	<u>Sex</u>	<u>Breed</u>	<u>Color</u>	<u>Rabies tag #</u>	<u>Fee</u>	<u>Tag #</u>

Fee is \$10.00. Must be purchased before November 1<sup>st</sup> otherwise late fees may apply.



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