



PET LICENSE APPLICATION

DOG

107 2nd Street SW | P.O. Box 307 | Twin Valley, MN 56584-0307
Office 218.584.5254 | Fax 218.584.5723
tvcity@tvutel.com | tvutilities@arvig.net
www.TwinValleyMN.com

OWNER INFORMATION	
NAME	ADDRESS Twin Valley, Minnesota
PHONE NUMBER	ALTERNATE PHONE

ANIMAL INFORMATION																																			
<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL																																			
PET'S NAME	AGE (approx. if unknown)																																		
<input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED																																			
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DISTEMPER EXP																																			

SIGNATURE OF APPLICANT _____
By signing this form, I acknowledge that the information provided is true and accurate to the best of my knowledge.
PRIVACY NOTICE: I understand the information provided in this form may be considered private or confidential data. I further understand that I may not be required by law to provide such information. The purpose of providing such information is to aid the City in its determination on said application. I acknowledge that providing, or failing to provide, such information may affect the City's determination on said application. I understand this information will be made available to the City of Mounds View, its City Council, agents and representatives, as well as the Minnesota Department of Revenue, the Internal Revenue Service, or any other person or entity authorized by law to receive said information. I release the City of Mounds View from any and all liability for its receipt and use of data received pursuant to this application.

OFFICE USE	
Date of Application _____	License Tag No. _____
Fee(s) \$10.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
Proof of Vaccination received <input type="checkbox"/> Attached <input type="checkbox"/> Viewed _____initial	