

Town of West Bend E-Recycle

March 15, 2025

The Town of West Bend will hold an E-Recycle event for town residents to recycle their used and unwanted electronic devices at no charge. This event will be held on Saturday March 15, 2025 from 8:00AM until Noon at the Town of West Bend Town Hall, 6355 CTH Z West Bend WI. This is open to Town of West Bend residents only. Proof of town residency is required to participate and will be verified at the event. More information on acceptable devices will be provided at a later date.

***MARK YOUR CALENDAR FOR MARCH 15, 2025 E-RECYCLE**
***CHECK OUR WEB-SITE FOR EVENT INFO IN THE FUTURE**
***SIGN-UP FOR TOWN NOTIFICATIONS UNDER "STAY INFORMED"**

CUT ALONG DOTTED LINE

STATE OF WISCONSIN, WASHINGTON COUNTY

TOWN OF WEST BEND DOG LICENSE APPLICATION 2025

Every person who owns, harbors or keeps a dog that is more than five months old in the Town of West Bend must license the dog(s).

***Penalties, Fees, and Court Costs may be imposed by Governing Agencies for violation of dog licensing laws.*

Current Rabies information MUST be submitted before a dog license can be issued.

A \$5.00 late fee shall be collected (when applicable) from owners of dogs not licensed by April 1st of each year.

NOTE: IF THE DOG NO LONGER LIVES IN THE TOWN OF WEST BEND, OR IS DECEASED, PLEASE ENTER DOG BELOW AND MARK APPROPRIATE BOX

Name – Owner/Keeper of the dog(s): _____ PHONE () _____

Last Name

First Name

Address: _____ WI _____

Street

City

Zip

I certify that the attached rabies information is true and correct (signature required to issue license)

DOG OWNER SIGNATURE: _____ DATE: _____

ATTACH A COPY OF RABIES CERTIFICATE FOR EACH DOG

Dog #1 Name: _____ Color: _____ Dog License #: _____

LEAVE BLANK

Birthdate: _____ Breed: _____ Licensing Official: _____

Veterinary Name/Clinic: _____ Vet Phone Number: () _____

Rabies info: Manufacturer: _____ Serial #: _____ Tag #: _____ Exp. Date: _____

Type of Dog: () Male \$10.00 () Neutered Male \$5.00 () Female \$10.00 () Spayed Female \$5.00

*Dog is deceased as of: _____ *Dog ownership transferred to: _____ Date: _____

OVER FOR MULTIPLE DOGS

PRESERVING THE TOWN OF WEST BEND

The State of Wisconsin DNR requires the Town of West Bend have a General Permit to Discharge Under the Wisconsin Pollutant Discharge Elimination System or MS4 Permit. The Town, as an owner or operator of municipal separate storm sewer systems, is permitted to discharge stormwater to waters of the state in accordance with the conditions set forth in the **MS4 Permit**. Stormwater is precipitation (rain or snow) that falls to the ground then flows over land instead of percolating into the ground. The stormwater then picks up garbage, debris, sediment, chemicals, etc., as it moves across developed areas and into our lakes and streams.

- **Illicit Discharges.** Hazardous household products, yard care products, fertilizers, dog waste, car soaps and automotive fluids turn what should only be stormwater into an Illicit Discharge that pollutes and degrades local water quality. Report spills/illicit discharges ASAP to Public Works, DNR or Non-emergency.
- **Pick up after your pet.** Capture pet's waste in either a plastic or a biodegradable bag and tie bag tightly to remove the air. Put waste into another bag and throw it away in a garbage bin or in a designated bin at the park.
- **Do not feed the wildlife.** Dangers and consequences of feeding wildlife creates loss of foraging skills, fear of humans, habitation, inadequate nutrition, spread of disease, disturbs natural balance, and leads to overpopulation.

Please help preserve the natural rural character of our town.

Dog #2 Name: _____ Color: _____ Dog License #: _____
Birthdate: _____ Breed: _____ Licensing Official: _____
LEAVE BLANK

Veterinary Name/Clinic: _____ Vet Phone Number: () _____

Rabies info: Manufacturer: _____ Serial #: _____ Tag #: _____ Exp. Date: _____
Type of Dog: () Male \$10.00 () Neutered Male \$5.00 () Female \$10.00 () Spayed Female \$5.00
*Dog is deceased as of _____ *Dog ownership transferred to _____ Date: _____

Dog #3 Name: _____ Color: _____ Dog License #: _____
Birthdate: _____ Breed: _____ Licensing Official: _____
LEAVE BLANK

Veterinary Name/Clinic: _____ Vet Phone Number: () _____

Rabies info: Manufacturer: _____ Serial #: _____ Tag #: _____ Exp. Date: _____
Type of Dog: () Male \$10.00 () Neutered Male \$5.00 () Female \$10.00 () Spayed Female \$5.00
*Dog is deceased as of _____ *Dog ownership transferred to _____ Date: _____

Make check payable to The Town of West Bend. Include Application, copy(ies) of rabies certificate(s), & payment

Mail or submit in person to:

Town of West Bend
6355 County Road Z
West Bend, WI 53095

INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN OF TAG(S)