TOWN OF LOWVILLE

5533 BOSTWICK STREET LOWVILLE, NEW YORK 13367-1234

VOICE: (315) 376-8070 FAX: (315) 376-3099 www.lowville.racog.org

KENNEL PERMIT RENEWAL NOTICE

Kennel Permit #_	is due	to expire on	
and return to th	e Town Clerk with than four (4) dog	rmation and update the appropriate s, please contact	fee. If you
Name:			
Address:			
City, State, Zip	:		
Telephone:		Cell:	
Number of animal	s to be kept at k	mennel:	
Location of Kenn	el:		
Please list the kennel:	license tag numbe	er for each animal	kept at the
1	6.		_
2	7.		<u></u>
3			_
4			_
5			
Signature of App	olicant:		

Annual Fee:

4 - 10 Dogs - \$25.00 11 - 20 Dogs - \$50.00

This institution is an equal opportunity provider, and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. W., Washington, D. C. 20250-9410, or call (800) 795-3272(voice) or (202) 720-6382(TDD).