

OFFICE OF THE

TREASURER OF CRAWFORD COUNTY

903 DIAMOND PARK
MEADVILLE, PENNSYLVANIA 16335
PHONE 814/333-7332 FAX 814/333-2025

OFFICE HOURS 8:30 A.M.- 4:30 P.M. WEEKDAYS

Christine L. Krzysiak, Treasurer

Katie Eckstein, Deputy Treasurer

** RENEWAI	L REMINDER **		REGULAR FEE			
			MA	LE / FEMALE		
			\$8.70			
			SENIOR CITIZEN OR P.	ERSON WITH DISA	BILITY FEE	
		MALE / FEMALE \$6.70				
<u>ON-LINE</u> Register your dog(s) on-line at www	v.crawfordcountypa.net/	ا treasurer . A conv	renience fee for credit card	payments will be app	lied per	
license purchase online. Please see	Renewal ID:					
BY MAIL						
 Complete this form. Be sure t Use this form to register 1 to Pennsylvania law requires a l Enclose a check or money or 	5 dogs. Please list any addicense for every dog 3 moder for the correct fees pay	ditional dogs on a sonths of age or older yable to: Crawfore	separate sheet of paper and er. d County Treasurer . Do 1			
licenses expired on December 4. Please return the application a				led to you.		
IN PERSON Crawford Co Treasurer's Office, 903 Fags are available at the satellite off Cambridge Springs: Marty's Ta Canadohta Lake: Lincan Food Cochranton: Cochranton Vet H Cochranton: Cochranton Borot Conneaut Lake: Ralston Hardv Conneautville: Nicolls Insuran Linesville: Merry's Hardware PLEASE NOTE: IF APPLYING FO A PERSON WITH A DISABILITY Color Codes: BL=Black; WH=White; O APPLICATION for the registration of de	Tices listed below. A 50 coack & Leather Repair Mart Hospital ugh Building ware ice OR A SENIOR CITIZEN MUST APPLY WITH Co	ent fee is added for Meadville: I Meadville: I Saegertown: Spartansbur Spartansbur Titusville: Mestford: Westford: W	Humane Society Animal SI Humane Society Vet Hospi Erie Crawford Co-Op g: Buell's Corner Store g: Bova's Hardware Morrison Builder Supply Vestford Milling DWNER MUST CURREN URER AND PROVIDE	helter ital TLY BE AGE 65 AN OOF OF DISABILIT	D OLDER. Y. TREASUREI LLE, PA 1633	
Spayed / Age Sex Neutered YRs MOs (M/F) BL WH GR I	Color BD TA BR YE RE BU	Breed	Name	Fee Paid (See Chart Above)	Office Use 2024	
Neutered TRS MOS (M/T) BE WIT OR I	DD IA DK IE KE BU			(See Chart Above)	License #	
Owner Information		app (rel The	ereby verify that I am the owner of the blication. I make this statement subject lating to unsworn falsification to autho e undersigned says that the facts indicast gnature of Applicant	t to the criminal penalties of 18 orities). ated above ARE TRUE.	PA section 4904	
Street Address:	hone # Email					
Mailing Address: f different(e.g. P.O. Box)	or Senior Citizen Discount: Owner's Date of Birth//					
City: State:	ZipCode:		r Person with Disability Discount			