

**TO ALL PROPERTY OWNERS AND RENTERS: THIS SHEET IS TO BE FILLED OUT AND RETURNED WITH YOUR TAXES IF YOU ARE A PROPERTY OWNER WHETHER OR NOT YOU HAVE A DOG(S).**

**IF YOU ARE A RENTER THIS SHEET SHOULD BE RETURNED TO THE TREASURER WITH PAYMENT OR WITH A SIGNATURE BELOW.**

**I DO NOT HAVE OR OWN A DOG AS OF 1/ 1/ 2018. I WILL NOT BE GETTING A DOG DURING 2018.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Dear Town Property Tax Payers:

I will be collecting *all* taxes by mail. Please mail your tax form and check to:

Judith A. Prince -Town Treasurer

15773 40<sup>th</sup> Street

Bloomer, WI 54724

If you have any questions, please call 715-568-3497.

The State of Wisconsin Law requires all dogs to be properly licensed and vaccinated.

Failure to license and vaccinate will result in additional fees and forfeitures.

This year's dog tax will be as follows:

- Neutered or spayed dog:** Tax is **\$8.00**
- Intact male or female dog:** Tax is **\$13.00**
- Kennel License** Tax is **\$60.00**

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**DOG NUMBER 1**

**Name of Dog** \_\_\_\_\_ **Color** \_\_\_\_\_

**Circle One :** Male Female Neutered Male Spayed Female

**Breed** \_\_\_\_\_ **Rabies Vaccination Tag Number** \_\_\_\_\_

**Date Vaccinated** \_\_\_\_\_ **Veterinarian's Name** \_\_\_\_\_

**Veterinarian's License Number** \_\_\_\_\_

**Your Address** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Town License Number (Judith fills in)** \_\_\_\_\_

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**DOG NUMBER 2**

**Name of Dog** \_\_\_\_\_ **Color** \_\_\_\_\_

**Circle One :** Male Female Neutered Male Spayed Female

**Breed** \_\_\_\_\_ **Rabies Vaccination Tag Number** \_\_\_\_\_

**Date Vaccinated** \_\_\_\_\_ **Veterinarian's Name** \_\_\_\_\_

**Veterinarian's License Number** \_\_\_\_\_

**Your Address** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Town License Number (Judith fills in)** \_\_\_\_\_

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**DOG NUMBER 3**

**Name of Dog** \_\_\_\_\_ **Color** \_\_\_\_\_

**Circle One :**    **Male**      **Female**      **Neutered Male**      **Spayed Female**

**Breed** \_\_\_\_\_ **Rabies Vaccination Tag Number** \_\_\_\_\_

**Date Vaccinated** \_\_\_\_\_ **Veterinarian's Name** \_\_\_\_\_

**Veterinarian's License Number** \_\_\_\_\_

**Your Address** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Town License Number (Judith fills in)** \_\_\_\_\_

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**DOG NUMBER 4**

**Name of Dog** \_\_\_\_\_ **Color** \_\_\_\_\_

**Circle One :**    **Male**      **Female**      **Neutered Male**      **Spayed Female**

**Breed** \_\_\_\_\_ **Rabies Vaccination Tag Number** \_\_\_\_\_

**Date Vaccinated** \_\_\_\_\_ **Veterinarian's Name** \_\_\_\_\_

**Veterinarian's License Number** \_\_\_\_\_

**Your Address** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Town License Number (Judith fills in)** \_\_\_\_\_

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**DOG NUMBER 5**

**Name of Dog** \_\_\_\_\_ **Color** \_\_\_\_\_

**Circle One :**    **Male**      **Female**      **Neutered Male**      **Spayed Female**

**Breed** \_\_\_\_\_ **Rabies Vaccination Tag Number** \_\_\_\_\_

**Date Vaccinated** \_\_\_\_\_ **Veterinarian's Name** \_\_\_\_\_

**Veterinarian's License Number** \_\_\_\_\_

**Your Address** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Town License Number (Judith fills in)** \_\_\_\_\_

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To assure that your dogs are properly identified please provide ALL OF THE ABOVE information:  
Please return or send this information when paying your property tax. Your help is appreciated.

Judith A. Prince - Treasurer