

PET LICENSE

MAKE CHECK PAYABLE

TO: CITY OF REDONDO BEACH
 PET LICENSE
 P.O. BOX 270
 REDONDO BEACH, CA 90277-0270

RENEWAL NOTICE / NEW APPLICATION

**PERMANENT
 LICENSE NUMBER**

PHONE
 (310) 318-0604

PERMANENT
 LICENSE NO.

NAME OF PET	BREED	COLOR	SEX	ALTERED	~ \$
EFFECTIVE DATES OF NEW LICENSE		Month Day and Year OF PET'S BIRTH		PENALTY	- \$
DATE OF LAST RABIES VACCINATION	VACCINE EXPIRATION DATE	PROOF OF NEW VACCINATION REQUIRED:		TOTAL DUE \$	-4

NAME OF PET	
EFFECTIVE DATES OF NEW LICENSE	
DATE OF LAST RABIES VACCINATION	VACCINATION EXPIRATION DATE

CERTIFICATES WILL NOT BE RETURNED - SEND COPIES ONLY

**PET
 OWNER
 NAME &
 MAILING
 ADDRESS**

AVOID PENALTY
 SEE BACK

YOUR
 TELEPHONE NUMBER

ALTERNATE
 PHONE NUMBER

DATE PAID _____

CHECK NO. _____

AMOUNT _____

YOUR PET LICENSE TAG IS NOT VALID FOR THE
 CURRENT YEAR UNLESS PAYMENT IS RECEIVED
 FOR THE CURRENT YEAR.

KEEP THIS FOR YOUR RECORD

RETURN THIS PART

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