



City of Clearwater
605 Cty Rd 75 NW
Clearwater, MN, 55320
Phone: 320-558-2428
www.clearwatercitymn.gov

License # _____

Fee: \$10.00

DOG LICENSE

Owner's Name: _____

Address: _____

Phone Number: _____ Email: _____

Dog Name: _____ Breed: _____

Color: _____ Weight: _____ Age: _____

Sex: Male Female

Proof of rabies vaccination attached: Yes No

By signing this statement, the applicant shall agree that they follow the conditions outlined in City Code Chapter 10.

Applicant's Signature

Date

Please submit completed forms and payments to City Hall:

Email to kgramsey@clearwatercitymn.gov or astrohschein@clearwatercitymn.gov

Mail to PO Box 9, Clearwater, MN 55320 or

In person at 605 Cty Rd 75 NW, Clearwater MN 55320 or drop box in rear parking lot

FOR CITY USE ONLY

Approved: Yes No

Registration Fee Amount: _____ Date Paid: _____

Paid by: Cash Check # _____ Credit/Debit Card