



CITY OF PORT ALBERNI DOG LICENSE APPLICATION FORM

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

CONTACT NUMBER: _____

DOG'S NAME: _____

BREED: _____

COLOUR: _____

SEX: _____

DOG TAG NUMBER: _____

INVOICE DELIVERY: (EMAIL/ MAILED) *please select one option:* _____

The personal information on this form is collected for the purpose of an operating program of the City of Port Alberni as authorized by Section 26(c) of the Freedom of Information and Privacy Act. If you have any questions about the collection and use of this information, please contact the City Clerk at (250) 720-2810.

Information collected on this form and details of the permit or licence applied for or reasons for denial for the permit or licence is routinely available to the public pursuant to Section 33 of the Freedom of Information and Protection of Privacy Act.