

CITY OF PALOS HEIGHTS

7607 W. College Drive
Palos Heights, IL 60463
(708) 361-1800



ANIMAL LICENSE

Fee: \$5.00

Name of Owner _____

Address _____

Phone Number _____

Animal's Name _____

Breed _____ Color _____ Sex _____

Rabies Vaccination No. _____ Date _____

Office Use:

Tag No. _____ **Date Issued** _____ **Amt. Paid** _____

Clerk _____