

DUPLICATE TAG
ISSUED FOR THE YEAR _____

Fairfield County Auditor

TO OWNER _____
 OF DOG _____ ADDRESS _____

For the dogs, over three month old, described below:

Indicate Description by "X" in proper column

AGE		SEX			COLOR							HAIR		Breed if Known	Fees Paid	Penalty	Effectively Spayed Before Jan. 1		Date Purchased Outside Ohio	Tag No. Assigned
Year	Month	Male	Female	Spayed / Neutered	Black	White	Gray	Brindle	Tan	Brown	Yellow	Long	Short				Yes	No		

Duplicate Tag issued this _____ day of _____,
 _____, County Auditor. By _____, Deputy

The fee is \$5.00 each per duplicate tag requested. Please mail this completed form along with a check or money order payable to the Fairfield County Auditor to:

Fairfield County Auditor
 Dog License Section
 210 E. Main St. Room 201
 Lancaster, Ohio 43130