

# BRETT J. KOLB FULTON COUNTY AUDITOR

152 S. FULTON STREET, SUITE 165 WAUSEON, OHIO 43567 OFFICE HOURS 8:30 AM - 4:30 PM Monday through Friday (419) 337-9202

### **NEW LICENSE FEES STARTING 2024**

\*\*\* TO AVOID \$24 PENALTY (PER TAG), PLEASE PURCHASE YOUR TAG(S) ON OR BEFORE JANUARY 31. Be sure to read this application and review your options. Three (3) year and Permanent tags can only be purchased on-line, by mail, or in person at the Auditor's office. \*\*\*

Dogs may be registered for 1 year term, 3 year term, or permanently. To purchase your dog tag, please enter the appropriate fee in the 'Fee' column below. The fee schedule is from the License Fee chart located to the right.

## IT'S THE LAW (ORC 955.01)

All dogs three months of age or older must be licensed. No dog shall be harbored, kept, or owned without displaying a valid registration tag. (The law applies regardless of whether the dog is kept inside or out.)

2024 LICENSE FEES										
	1 YR	3 YR	Permanent							
Before Jan 31st	\$24.00	\$72.00	\$240.00							
After Jan 31st	\$48.00	\$96.00	\$264.00							

### **ON-LINE**

Register your dog on-line at **www.doglicenses.us/OH/Fulton**/. Credit card payments only; a per dog processing fee applies. To access your pre-filled form you will need your Account ID and Password listed below.

BY MAIL Account ID: Password:

- 1 Complete this form. Be sure the correct owner, street address, and pet description(s) appear on the application.
- 2 Use this form to register 1 to 5 dogs. If you have more than 5 dogs, please list them on a separate sheet of paper and return it with this form. Ohio law requires a license for every dog more than 3 months old.
- 3 If you no longer own the dog(s) please contact our office or mark through the appropriate line below and return the form so we can update our records.
- 4 Enclose a check or money order for the correct fees payable to: **Fulton County Auditor**. Please do not send cash. **After January 31**, statutory late penalty is \$24 **plus** the appropriate fee (\$24, \$72, \$240) for a total of \$48, \$96, or \$264.
- 5 Please return the application, check or money order, and a self-addressed stamped envelope in the enclosed return envelope. A receipt will be returned to you with your 2024 license tag(s).

\*\*Sales on Tues, Thurs, and Sat, 1-4 pm ONLY

#### IN PERSON

You may purchase tag(s) at the Auditor's Office (address above) or at any of the locations listed below:

\*\* One (1) year tags at any location; three (3) year and permanent tags ONLY at Auditor's Office \*\*

Lyons Main Stop The Savvy Dog Fulton County Humane Society

Lyons Main Stop The Savvy Dog Fulton County Humane Societ 105 W. Morenci St. 104 S. Defiance St. 22450 County Road F Lyons, OH 43533 Archbold, OH 43502 Archbold, OH 43502

Continental Plaza Wash N Fill
1265 N. Shoop Ave.
THE PAW-FFICE
1075 N. Shoop Ave, Suite 5

 1265 N. Shoop Ave.
 1075 N. Shoop Ave, Suite 5

 Wauseon, OH 43567
 Wauseon, OH 43567

--- Official Use Only --Date Received: \_\_\_\_

Auditor Agent: \_

Tag Info: \_\_\_\_\_

If you have questions regarding dog licensing, please contact the Fulton County Auditor's office at (419) 337-9202. Office hours are 8:30 am to 4:30 pm, Monday through Friday.

Certificates of registration and registration tags shall be valid only during the CALENDAR YEAR or YEARS for which they are issued. ORC Sec 955.09.

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red

BRETT J. KOLB, Fulton County Auditor

A DDL ICA TION for the projection of 1-4(s) for the program 2024							DREIT J. ROEB, I unon County Auditor											
APPLICATION for the registration of dog(s) for the year 2024							152 S. FULTON STREET, SUITE 165; WAUSEON, OHIO 43567											
Age		Spay /		Color				Hair	Breed		Dog Name	Fee	Penalty	-Office Use- no longer				
YRs MOs	(M/F)	Neuter	BL	WH	GR	BD	TA	BR	YE	RE	(S/M/L)	Breed		Dog Ivanic	TCC	1 Charty	2024 License #	owned
Vet/Clin	ic:												-	The undersigned says that the	e facts indicat	ted above AR	E TRUE.	
													S	Signature of Applicant				

ver crime.	,
	Signature of Applicant
	Phone # Email
Owner Name:	Amount Enclosed CK#
Street Address:	Date Received Auditor Agent
City: State: ZipCode:	