

COUNTY OF ALLEGAN
SALLY L. BROOKS, TREASURER

113 Chestnut Street
P. O. Box 259
Allegan, Michigan 49010-0259
Phone: 269-673-0260



Replacement tags are issued
at no charge.
Office Hours:
M – F, 8 – 5, except holidays

AFFIDAVIT OF DOG OWNER
LOST DOG TAG

OWNER INFORMATION:

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ ALTERNATE PHONE: _____

DOG INFORMATION:

NAME: _____ BREED: _____
BIRTH DATE/AGE _____ COLOR: _____
SEX: NEUTERED _____ FEMALE _____ MALE _____

I HEREBY TESTIFY AND SAY THAT MY DOG HAS LOST HIS DOG LICENSE TAG

TAG NO. _____ FOR THE YEAR OF _____

AND I HEREBY APPLY FOR A REPLACEMENT TAG.

Dated: _____

Signature of Dog Owner

State of Michigan)
County of Allegan) ss

Subscribed and sworn to before me, a Notary Public in and for
Allegan County, on this date: _____

My commission expires: _____