COLARKS BURGER

Commonwealth of Massachusetts

Town of Clarksburg - Dog License

In accordance with the provisions of Massachusetts General Laws Chapter 140 §137*, The owner or keeper of a dog over the age of 6 months shall obtain a license for the dog. The registering, numbering, describing and licensing of a dog shall be conducted in the office of the licensing authority in the city or town in which the dog is kept.

If you are an owner of more than one dag, please make a copy of this form, or contact the office of the Town Clerk for extra forms. Do not complete highlighted infromation; office use only License/Fag Number: Date Issued: New/Renewal:
Conser Date Issued: Telephone Number: Conserting Telephone Number: Conserting Conser
Physical Address:
Mailing Address: Same Town State Zip
Dog Name: Breed:
Sex: Spayed/Neutered: Age:
Color: Rabies Vaccination Due:
License Fee: Neutered Male - \$5.00 Spayed Female - \$5.00 Female - \$12.00 Late Fee: N/A \$10.00
Total Fees: \$. Issuing Clerk: Marilyn Gomeau Expires: Dec.31,2025
The Select Board to amend Chapter 13 Article 1 entitled Dogs at Large by adding two new section; 13-6 entitled Registration and Licensing of Dogs All dogs over the age of 6 months in the town must be licensed under MGL Chapter 140, Section 137. Licensing period will be January 1 through December 31 of each year. A late fee of \$10.00 will be charged after March 1st. Section 13-7 entitled Removal of Dog Litter The owner or any person walking or in control of a dog outside of the owner's or person's property shall not allow or permit such dog to defecate upon any property, public or private, unless such person shall remove all litter so deposited by such dog and dispose of same in a sanitary manner before leaving the immediate premises. This provision shall not apply to a guide dog accompanying any blind person.

IMPORTANT LEGAL DOCUMENT 2025

ANNUAL STREET LISTING TOWN OF CLARKSBURG

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Signature of Respondent Date Signed under the Penalties of Perjury as prescribed by M.G.L. Ch. 56, \$4.					Telephone Number*				Unlisted 4 5			
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			M				Pa	Z.	NOM	sn n	#	#
Last	NAME First	Middle	Mail to*	Previous Address If at the above address for less than one year	Date of Birth	Occupation	Party*	Nationality Fron-U.S. ceres	Moved/Deceased	US Veteran YAN	Dogs	Cats*
ARNING:	result in remo S: Please print. Upo your household l listed have move	oval from the date the informat by marking an "* d or are deceased , party, number	ion particles in the control of the	ing shall result in remer registration rolls. browided by adding, deleting, the second column next to the ran "M" or a "D" if appropriate, and telephone number. FORM DOES NOT REGIS	or making change te name. The eight priate. The follow	s below the printed h column labelled h ing fields are optio	inform Aoved/I	ation. Des Deceased :	isks if ited as	the p	erson	(s)
	Current Residen	If there is no party information next to your name, you are not registered to vote. If you wish to register to vote, you may register in-person or by mail.										
				0 /1		ess is incorrect, n		····				-
ease sign and	respond within	ten (10) days	, eve	n if no changes are nece For assista		WN CLERK		(4	13)-6	63-8	3255	