



Application for Discounted Dog Licenses for Disabled Citizens (Pursuant to New Castle County Code § 4.02.001.B.2.b.ii)

NEW CASTLE COUNTY
TREASURER'S OFFICE

New Castle County Dog Licensing
c/o PetData
PO Box 141929
Irving, TX 75014-1929

Section A:

For the Applicant, please complete:

Applicant's: Last Name		First Name	Middle Initial
Residential Address (Required)		Apt #	City/State
Mailing Address		City/State	ZIP Code
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Primary Phone #		Alt. Phone #	

Section B:

For Physician, please complete:

Under penalty of law, I hereby affirm that to the best of my knowledge,

Mr./Ms. _____ is unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continued period of not less than 12 months, or blindness.

Doctor's Signature	Print Doctor's Name	Date
Doctor's Address	City/State	ZIP Code
		Phone Number

Section C:

I hereby affirm that all the information provided herein is true to the best of my knowledge and belief.

Signature of Applicant: _____
(Not Valid Without Signature) Date

The discounted fee for each dog's license is: \$4 for a 1-year license, \$5 for a 2-year license and \$6 for a 3-year license. A 2 or 3-year license may only be purchased if the vaccination is valid beyond March 1st of the year in which the license expires. To license at the discounted rate: Enclose a copy of your Social Security Award Letter OR have your physician complete Section B of this form. **Enclose a copy of each pet's current rabies vaccination certificate.** Include proof of spay/neuter for each pet, if applicable. Make your check or money order payable to *New Castle County Dog Licensing*. Please do not send cash. Mail to: New Castle County Dog Licensing, c/o PetData, PO Box 141929, Irving TX 75014.