



City of Courtland
329 Main Street, PO Box 42
Courtland, MN 56021
507-354-7055 office, 507-354-8156 Fax
e-mail: ctlclerk@comcast.net

Dog License

Owner: _____

Property Address: _____

Phone number: _____

Today's Date: _____

\$8.00 per dog

*please provide copy of rabies vaccination

Owner signature: _____

City official: _____

Office use: _____ received vaccination information

Tag Number: _____