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# Allen County Auditor's Office

## DISABILITY/SERVICE DOG REGISTRATION

Rhonda Eddy  
P.O. Box 1243  
Lima, OH 45802  
(419) 228-3700 Ext. 8790  
Fax (419) 222-2543

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Date: \_\_\_\_\_ Tag number: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Dog Information: \_\_\_\_\_

Attach copy of letter from trainer and copy of Certificate.

I declare under penalty of perjury that this information is, to the best of my knowledge, correct and complete.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Telephone number