



# DOG LICENCE CANCELLATION FORM

Town of Whitecourt  
5004 - 52 Ave., Box 509  
Whitecourt, AB T7S 1N6  
www.whitecourt.ca  
Ph: 780-778-2273  
Fax: 780-778-4166

## Owner Information:

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Customer ID Number : \_\_\_\_\_

Document Number: \_\_\_\_\_

## Dog Information:

Pet's Name: \_\_\_\_\_

Tag Number: \_\_\_\_\_

Reason for Cancellation:                      Moved                      Deceased

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Personal information collected on this form is collected for municipal and financial operations pursuant to Section 33(c) of the Freedom of Information and Protection of Privacy Act. Should you have any questions regarding the information collected on this form, you may contact the FOIP Coordinator at the contact address and phone number at the top of this form.*

## FOR OFFICE USE ONLY:

Account Deactivated?                      Yes

Date: \_\_\_\_\_