
**Allen County Auditor's Office
DISABILITY/SERVICE DOG REGISTRATION**

**Rachael S. Gilroy
P.O. Box 1243
Lima, OH 45802
(419) 228-3700 Ext. 8790
Fax (419) 222-2543**

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