



# TOWNSHIP OF HAZLET

MICHAEL C. SAGHS  
*Mayor*

SCOTT AAGRE, AIA  
*Deputy Mayor*

JAMES C. DiNARDO

BARBARA RONCHETTI

SUSAN M. KILEY  
*Township Committee*

## OFFICE OF THE REGISTRAR OF VITAL STATISTICS

1766 UNION AVENUE

POST OFFICE BOX 371

HAZLET, NEW JERSEY 07730

REGISTRAR OF VITAL STATISTICS: 732-217-8688

MONMOUTH COUNTY DEPARTMENT OF HEALTH: 732-431-7456

FAX: 732-264-1785

<http://www.hazletwp.org>

DENNIS PINO

*Municipal Administrator*

MARY LYNCH, RMC, CMR

*Registrar of Vital Statistics*

*Deputy Municipal Clerk*

January 2016

Dear Hazlet Dog/Cat Owner:

Hazlet Township Health Services reminds you that your present dog/cat license must be renewed by January 31, 2016.

The fee for renewing is \$12.00 if your pet has been spayed/neutered OR \$15.00 if it hasn't. Proof of spay/neuter is required one time only for our records.

### RABIES INOCULATION VALID THROUGH OCTOBER 31, 2016 IS REQUIRED!

Licenses can be renewed after January 4th, 2016. You may apply in person; however, to avoid delays, we encourage you to renew by mail. Please use the application at the bottom of this letter for both in-person and by-mail submissions. Make checks or money orders payable to "Hazlet Twp. Health Svcs." (Do not send cash). If mailing, please include a self-addressed, stamped envelope for the return of your documents and new license. Please allow 2-3 weeks for return delivery.

Hazlet Twp Office Hours: Monday-Thurs 8AM-5PM - CLOSED FRIDAYS

New Late Fee Date\*\*REMINDER: Effective April 1, 2016 a \$5.00 late fine PER LICENSE will be applied! Not applicable to new pet owners.

Mary Lynch  
Health Services

### APPLICATION FOR 2016 DOG/CAT LICENSE

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dog/Cat Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Color \_\_\_\_\_ Hair Long Med Short Sex Male female Spayed/Neutered Yes No

Please provide proof of spay/neuter one time only, as well as proof of rabies inoculation valid through October 31, 2016. All papers will be returned.

If you have more than one pet, please use reverse side of this paper or an extra sheet of paper.

If any of the following apply, please check the appropriate space, FILL OUT THE APPLICATION and Return to this office. We must have this information to adjust our records and avoid future notices.

\_\_\_\_\_ Dog/Cat Deceased

\_\_\_\_\_ Dog/Cat Given Away

\_\_\_\_\_ No Longer Hazlet Resident