

Nancy Gause Milliken  
 Columbiana County Auditor  
 105 South Market Street  
 Lisbon, OH 44432

Office Hours: 8:00 A.M. TO 4:00 P.M.  
 Email: auditor@columbianacntyauditor.org  
 Website: www.columbianacntyauditor.org  
 Phone: 330-424-9515

Dog Warden Hours: Mon. through Fri. 8:00 A.M. to 12:00 P.M.  
 and 1:00 P.M. to 4:00 P.M.  
 Sat. 9:00 A.M. to 12:00 P.M.  
 email: dcroft@cclerk.org

RETURN ENTIRE APPLICATION

Name \_\_\_\_\_

OWNER ID \_\_\_\_\_

YEAR
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Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Fill Out the Entire Form

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AGE	SEX	COLOR	BREED	TAG #	FEE	PENALTY
					<b>TOTAL PAID</b>	

This application can not be used for Kennel Registration

FEES: \$8.00 per dog over 3 months of age  
 PENALTY: \$8.00 per dog after January 31

MAKE CHECKS PAYABLE AND REMIT TO:

Nancy Gause Milliken  
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RETURN ENTIRE APPLICATION WITH FEES BY JANUARY 31st.

**DO NOT DETACH - RETURN ENTIRE APPLICATION WITH PAYMENT**

AGE	SEX	COLOR	BREED	TAG #	FEE	PENALTY
					<b>TOTAL PAID</b>	

Name \_\_\_\_\_

OWNER ID \_\_\_\_\_

<b>TOTAL PAID</b>
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Address \_\_\_\_\_

\_\_\_\_\_

YEAR	CASH
	CHECK

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Deputy \_\_\_\_\_

EMAIL: \_\_\_\_\_

To the Auditor of Columbiana County: I, the undersigned, Owner, Keeper, or Harbinger, hereby tender the legal fees and apply for the registration of dogs over 3 month. Signature of Applicant \_\_\_\_\_