

Form to Inactivate Cat License

I, _____ certify that I no longer have my cat(s)
(Name of owner – Please Print Legibly)

My address is: _____, Onalaska, WI.

(Name of cat)

(Name of cat)

(Name of cat)

(Name of cat)

In the City of Onalaska due to:

Deceased _____ (Date Deceased)

Gave away to: _____ (Name)

(Address)

(Date Gave Away)

Resident moved to: _____ (Address)

(Date Moved)

Other: _____ (Indicate Date)

Signature

Date

Send letters to:

City of Onalaska, City Clerk's Office

Re: Cat Licensing

415 Main Street • Onalaska, WI 54650

(608) 781-9530 • fax (608) 781-9534

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