



**OFFICE OF THE TOWN CLERK**  
 One Washington Street Hempstead, NY 11550  
 Tel: (516) 812-3034 email: licensing@tohmail.org

**ORDER FOR REPLACEMENT ID TAG OR PUREBRED TAG OR TAGS**

Old license # 

--	--	--	--	--	--	--	--

 ( Office use only )

Replacement I.D. Tag # 

--	--	--	--	--	--	--	--

**Total \$ 3.00**

Purchase of Purebred Tag(s) # 

--	--	--	--	--	--	--	--

**Quality: 1 @ \$3.00**

County of: NASSAU Town of: HEMPSTEAD

Date: \_\_\_\_\_ Total amount received: \_\_\_\_\_ Signature of Clerk: \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby affirm under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable pursuant to section 210.45 of the penal law.

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return this form with Check or Money Order to the  
**Town of Hempstead Clerk's Office***

**Please do not mail cash**