

REQUEST FOR PAYMENT ARRANGEMENT

Personal Information:

Minnesota Premises ID (if known): _____ Date: _____
First Name: _____ Last Name: _____
Address: _____ City: _____
State: MN Zip Code: _____
Phone Number: _____ E-mail: _____

Payment Type:

- Administrative or Civil Penalty Commercial Dog and Cat Breeder License Fee
 Farmed Cervidae Annual Inspection Fee Kennel License Fee

Disclosure:

Please provide the Board of Animal Health (Board) with a statement that this payment presents a financial hardship for you and why you are unable to remit payment. Include supporting documentation to demonstrate insufficient assets or income (be sure to black out any account or social security numbers).

Submission:

For consideration:

E-mail this form to: Diane Englin-Elliott at diane.englin-elliott@state.mn.us

Or mail to: Minnesota Board of Animal Health
625 Robert St.N.
St. Paul, MN 55155

FOR OFFICE USE ONLY

APPROVED DENIED

Signature _____ Date _____

Name _____ Title _____