

## 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: Dr. Courtney Wheeler at [Courtney.Wheeler@state.mn.us](mailto:Courtney.Wheeler@state.mn.us)

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

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#### FOR OFFICE USE ONLY

APPROVED

DENIED

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_