

Dog Registration Refund Application Form

Clutha
District Council



I (name):		
Residential Address		
House / Flat no:	Street / Road:	
City / Town:		
Postal address (if different from above)		
Phone:		Cellphone: <input type="text"/>
wish to apply for a proportional refund of the registration fees relating to my dog(s) under Section 39 (1) (2) & (3) of the Dog Control Act 1996.		
Dog's name(s):		
Tag number(s):		
Residential Address:		
Date of Death:		
Owner's Signature:	<input type="text"/>	Date: <input type="text"/>
<i>NB: Please forward together with the correct registration tag where possible to the Dog Control Officer</i>		

Please note your refund application will be paid via DIRECT DEBIT

Please provide the account number you would like your refund to be credited to.

Account Number:		
Email Address for remittance:		
Are you GST registered? <i>Please circle one</i>	Yes	No
If yes, please provide your GST number		

For Office Use Only

Fees paid:	<input type="text"/>	Removed from File:	<input type="text"/>
DCO:	<input type="text"/>		

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