Dog Registration Refund Application Form



I (name):							
Residential Addre	ess						
House / Flat no:			St	reet / Road:			
City / Town:							
Postal address (if	different from a	pove)					
Phone:				Cellphone:			
wish to apply for 39 (1) (2) & (3) of	a proportion f the Dog C	al refund control Act 1	of the reg 996.	gistration fee	s relating to my	dog(s) under	Section
Dog's name(s):							
Tag number(s):							
Residential Addre	ess:						
Date of Death:							
Owner's Signatu	ure:				Date:		
NB: Please forward together with the correct registration tag where possible to the Dog Control Officer							
NB: Please forwa	rd together v	ith the corr	ect regis	stration tag wl	here possible to	the Dog Cont	trol Officer
P	Please note	your refun	d applic	cation will be	e paid via DIRE	CT DEBIT	trol Officer
P	Please note	your refun	d applic	cation will be	·	CT DEBIT	trol Officer
Account Number: Email Addre for remittar Are you GST	Please note	your refun	d application of the depth of t	cation will be	e paid via DIRE	CT DEBIT	trol Officer
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Clutha District Council, 1 Rosebank Terrace, PO Box 25, Balclutha 9240 P: 03 419 0200; F: 03 418 3185;

E: help.desk@cluthadc.govt.nz www.cluthadc.govt.nz