



**District Office**  
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Ngaruawahia 3742

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Person ID:

**Huntly** Area Office 142 Main Street 0800 492 452  
**Raglan** Area Office 7 Bow Street 07 825 8129  
**Tuakau** Area Office 2 Dominion Road 0800 492 452

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# Application for refund - deceased dog

**Dog Control Act 1996 section 39(2):** The part fee refundable shall be calculated on the basis of the number of complete months remaining in the registration year after the date of the request for the refund.

**COMPLETE** all details below and attach the dog's registration tag and an encoded deposit slip for a bank account to which the refund may be deposited.

## DOG OWNER DETAILS – Please print

**Dog Owner's Name:** .....

**Residential Address:** .....

**Postal Address:** .....

(If different)

**Telephone:**                      **Day:**.....                      **Night:** .....

## DOG DETAILS

DOG ID	NAME OF DOG	COLOUR	BREED/CROSS	SEX	TAG No.	DATE OF DEATH

## APPLICATION

Please make refund payable by  **Direct deposit into my bank account**  
An encoded deposit slip **must** be attached to ensure payment is made to the correct account.

**Cash refund at Ngaruawahia Office** (for amount less than \$25.00 only.)

Dog's registration tag is attached

I hereby apply for a partial refund of fee in respect of the dog referred to above and certify that the above particulars are true and correct.

.....  
**Dog Owner Signature**

.....  
**Date**

## FOR OFFICE USE ONLY

Application received date .....	Refund entitlement \$ .....
Tag attached <input type="checkbox"/> Deposit slip attached <input type="checkbox"/>	Refund paid on .....
Registration paid on .....	Means of refund .....
Registration fee \$.....	Actioning Officer .....
Receipt Number .....	Team Leader .....