Request for refund of dog registration fee



Dog owner details	
Dog owner's full name:	
Date of birth: / /	
(Requirement for identification purposes u	nder the Dog Control Act)
Address where dog was kept:	
Postal address:	
	Postcode:
Mahila nh	Home phy
Mobile ph:	Home ph: Business ph:
Dog details	
Name of dog:	Date of refund request:
Registration tag number:	
(Please attach a copy of a vet certificate of	ar dog's registration tag if you have one)
(Trease attach a copy of a ver certificate c	r dog s registration tag if you have one)
Reason for refund request	
Deceased	Exporting overseas Overpayment
I request a refund	
The refundable amount of the fee is bas date of the request for the refund.	ed on the number of complete months remaining in the registration year after the
I,(name):	request a refund of any unused registration fee to be paid to
Account holder's name:	Name of bank:
NB: Your refund will only be processed who matches the details of the applicant ap	en accompanied by a printed bank deposit slip or other bank generated document that plying for the refund.
Signature :	Date:
Iunderstand that making a false statement in the of the Dog Control Act 1996.	is application may make me liable upon conviction to a fine not exceeding \$3,000 under section 41A
	For office use only
Please return to:	
Animal Management	Date actioned:
Auckland Council	Owner reference number:
Private Bag 92300	
Auckland 1142	Dog reference:
or	Refund amount:
scan and email completed document to dogregistration@aklc.govt.nz	Actioned by:
-	Addition by: