

REQUEST FOR REFUND OF DOG REGISTRATION FEES



HUTT CITY
COUNCIL

Adobe Acrobat V11 is required to fill this form online
Download for free <http://get.adobe.com/reader/>

Please use this form to request a refund of registration fees only in the event that your dog has died

OWNER DETAILS

| |
|-----------------|
| Owner's name |
| Owner's address |
| Postcode |

DOG DETAILS

| | |
|--------------------|--|
| Name of dog | Dog ID |
| Current tag number | Date dog died (<i>attach vet's certificate if available</i>) |

Refund: (*please select only one box*)

- Electronic payment to **dog owner's** bank account

Name on bank account

Account number

| | | | | | | | | | | | | | | |
|--|--|---|--|--|--|---|--|--|--|--|--|---|--|--|
| | | - | | | | - | | | | | | - | | |
|--|--|---|--|--|--|---|--|--|--|--|--|---|--|--|

- Electronic transfer **dog owner's** rates

(*property id*)

- Donate refund to SPCA

- Donate refund to HUHA

| | |
|-------------------|------|
| Owner's signature | Date |
|-------------------|------|

Please forward this application to:
Animal Services
Hutt City Council
Private Bag 31 912
Lower Hutt 5040
or email to: animals@huttcity.govt.nz

| OFFICE USE ONLY | GL 1.7004.1104 | | | |
|-----------------|----------------|---------------|----------------|-----------------|
| Amount paid | Date paid | Authorised by | Date processed | Cheque number |
| Receipt number | Refund amount | ID number | Amount | Date rem posted |

Refunds are paid by the end of the month following application