

## DOG REGISTRATION REFUND OF FEES – DECLARATION DECEASED / DE-SEXED / STOLEN / LOST DOG

I, \_\_\_\_\_  
(Name)

of, \_\_\_\_\_  
(address)

Hereby acknowledge that the following dog/s are now: (please circle) deceased / de-sexed / stolen / lost and request a refund of fees:

(Dog/s Name, Registration Tag Number & Date Died/De-Sexed/Stolen/Lost)

### Privacy Statement

The information provided on this form will be used to identify the person seeking a refund of dog registration fees and to correctly calculate and issue a dog registration fee refund. Staff having direct access to this information includes Customer Services, Account and Dog Control Staff. Under the Privacy Act 1993, you have a right of access to personal information about you held by the Kawerau District Council and you are also entitled to request information about you to be corrected.

**I confirm the above information is correct and I consent to its use in the manner outlined in the Privacy Statement.**

The dog owner is required to notify the Council within 14 days of a change of ownership or the death of their dog. If your dog dies & it is currently registered, upon advising Council about your dog/s death, you will be granted a refund for the appropriate part of that fee. However you must also provide either a vet certificate or return the dog/s current registration tag to qualify for a refund. Section 41A Dog Control Act 1996 every person commits an offence & is liable on summary conviction to a fine not exceeding \$3,000 who makes any written statement to a territorial authority to the effect that a dog is dead & knowing that statement to be false.

### **If I am eligible for a refund then I would like to be paid:**

by **Direct Credit** (Please obtain deposit slip or proof of bank account)

**Transfer to Rates**

**NB: IF THIS FORM IS NOT SIGNED, WE DO NOT HAVE AUTHORISATION TO ACTION!**

Signed by: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY			
Registration Fee:	Receipt No:		
<b>Refund of:</b>	DCO to sign/Approve:		
CSO to complete & forward to DCO	Date	DCO approves, copies & forwards to FA	Date
CREDITOR: Misc Creditor (Code) 20-13-06-1025-11		Cheque No:	
Authorised by:		Date:	