





FORM Deceased dog advice

Dog Control Act 1996 - Section 39

Aurolinaus dasaila		
Applicant details		
I hereby advise New Plymouth District Council that my dog named		
died on		
0.000		
Dog ID		
Owner's full name		
Postal address	First name(s)	Surname
(include postcode and rural delivery details)		
·		
Contact details		
i	Home phone Work phone	Mobile
Refund of dog control fees - applicable from the date the application is received		
Retuild of dog control	rees - applicable from the date the applic	ation is received
		g dies before the commencement of or during that
year, the territorial authority shall refund, upon request, the full fee paid when a dog dies before the commencement of the year, or the appropriate part of that fee when a dog dies during the year.		
The part fee to be refunded shall be calculated on the basis of the number of complete months remaining in the registration		
year following the date of the request for the refund.		
Refunds will only be made by direct credit into your nominated bank account.		
Please direct credit the refund to my account (provide details below)		
Bank name		
L		
Account number		
In the name of		
Applicant's declaration		
Applicant's declaration		
I certify that the particular	s listed above are correct and hereby apply for a r	refund of proportionate dog control fees.
Signature		Date
OFFICE USE ONLY		
Date received	Property #	Owner #
Time received	Received by	Dog #