



REQUEST FOR REFUND OF FEES – DOG CONTROL 2011/2012

Owner's Name _____

Owner's Address _____

Dog's Name _____

Tag Number _____

Circumstances of Dog's Death _____

Bank Account Number

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Bank Branch Number

--	--	--	--	--	--	--	--

Account Number

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Suffix

Signature _____

Date _____

OFFICE USE ONLY:

Received _____

Officer _____

Fees Paid _____

Refund Due _____

GL Code 30300404

Refund Date _____

REFUND CLAIMED

Month of Registration	Working Dogs	Good Dog Owner Neutered	Good Dog Owner Non Neutered	Non Working	Neutered/Spayed Non Working Dogs
July	35.50	45.00	65.00	162.00	142.00
August	29.50	37.50	54.10	135.00	118.30
September	26.50	33.70	48.70	121.50	106.50
October	23.60	30.00	43.30	108.00	94.60
November	20.60	26.20	37.90	94.50	82.80
December	17.70	22.50	32.50	81.00	71.00
January	14.70	18.70	27.00	67.50	59.20
February	11.80	15.00	21.70	54.00	47.30
March	8.80	11.25	16.20	40.50	35.50
April	5.90	7.50	10.80	27.00	23.60
May	2.90	3.70	5.40	13.50	11.80
June	NIL	NIL	NIL	NIL	NIL