

REQUEST FOR REFUND OF FEES – DOG CONTROL 2018 - 19

Owner's Name _____

Owner's Address _____

Email Address _____

Dog's Name _____ Month Dog Passed _____

Tag Number _____

Circumstances of Dog's Death _____

Bank Account Number

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Bank

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Branch Number

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Account Number

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Suffix

Signature _____ Date _____

OFFICE USE ONLY:

Received _____ Officer _____

Fees Paid _____ DG Number _____

GL Code 30300404 Refund Date _____

REFUND CLAIMED

Month of Registration	Working Dogs	Good Dog Owner	Non Working	Neutered/Spayed Non Working Dogs
July	42.00	60.00	127.00	86.00
August	38.00	55.00	116.00	79.00
September	35.00	50.00	106.00	72.00
October	31.00	45.00	95.00	64.00
November	28.00	40.00	84.00	57.00
December	24.00	35.00	74.00	50.00
January	21.00	30.00	63.00	43.00
February	17.00	25.00	53.00	36.00
March	14.00	20.00	42.00	29.00
April	10.00	15.00	32.00	21.00
May	7.00	10.00	21.00	14.00
June	Nil	Nil	Nil	Nil