

REQUEST FOR REFUND OF FEES – DOG CONTROL 2019 - 20

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	43.00	62.00	132.00	89.00
August	39.00	57.00	121.00	82.00
September	36.00	52.00	110.00	74.00
October	32.00	46.00	99.00	67.00
November	29.00	41.00	88.00	59.00
December	25.00	36.00	77.00	52.00
January	21.00	31.00	66.00	45.00
February	18.00	26.00	55.00	37.00
March	14.00	21.00	44.00	30.00
April	11.00	16.00	33.00	22.00
May	7.00	10.00	22.00	15.00
June	Nil	Nil	Nil	Nil