



## 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	<b>42.00</b>	<b>60.00</b>	<b>127.00</b>	<b>86.00</b>
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