

**This refund is calculated from when this form is received  
by Council and not from when the dog passed away**

**Current Owner Detail**

Owner Name .....

Owner Address .....

(Incl Rapid Number and Post Code) .....

Owner Telephone Number .....

**Dog Details**

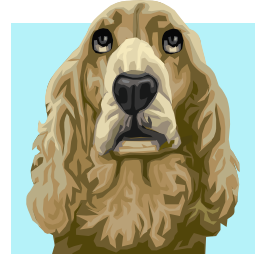
Dog Name .....

Date Dog Deceased .....

Current Tag Number .....

Tag Returned .....

(if not – reason why) .....



**Please supply a bank deposit slip or statement from bank referencing account details to enable direct credit payment to be made to nominated account.**

**Owner's Signature** .....

.....

**Office Use Only**

**Complete the calculation for refund based on the number of full months remaining in the current registration year after receipt of notification of death of the dog**

Owner Number

Registration Fee Paid	
Month refund request received	
Amount to be refunded to owner	
Date approved by Contract Supervisor	

**Date copy forwarded to accounts for processing Code 2541017**

**Original to Regthedog for data update** .....

**Contract Supervisor** .....