



People First

Southland District Council

Te Rohe Pōtae O Murihiku

DOG REGISTRATION REFUND

Date of Application: _____

Applicant Full Name: _____

Postal Address: _____

Dog Name: _____ **Tag Number:** _____

Dog ID: _____ **Tag Returned:** Yes/No

Refund Payment Method:

Credit To Rates (Supply Property Address):

Credit to Bank Account Number: _____

Cheque: **Yes**

Signature: _____

OFFICE USE

Certified Correct for Payment _____

CR Number: _____ Acc Reference **10255.11351**

Refund \$

(Accounts please return cheque to Tracy v)

Refund of Dog Registration Records

A refund has been paid to: _____

Code: _____ Dog Name: _____

Tag Number: _____ Refund: \$ _____ Date: _____