RANGITIKEI DISTRICT COUNCIL Request for Refund of Fees Dog Control 2024/25

Request for Refunds of Fees must be applied for within 3 months of your dog passing.

Owner's Name						
Owner's Address						
Owner's Phone						
Email Address						
Dog's Name				N	Nonth Dog Passed	
Tag Number				1		
Circumstances of Dog's Death Please enter details do not leave blank						
Payment Details: Bank account number: (Proof is required – Please provide a bank deposit slip or a bank letter stating the bank account details. If neither is available, a screen capture of online banking please).						
Signature				Date		
Office Use Only						
Received				Officer		
Fees Paid				DG Number		
GL Code 30300404				Refund Date		
REFUND CLAIMED						
Month of Registration	Worki	ing Dogs (\$)	Good Dog Owner (\$)		Non Working (\$)	Neutered/Spayed Non Working Dogs (\$)
July	50.00		73.00		155.00	104.00
August	46.00		67.00		142.00	95.00
September	42.00		61.00		129.00	87.00
October	37.50		55.00		116.00	78.00
November	33.00		49.00		103.00	69.00
December	29.00		43.00		90.00	61.00
January	25.00		36.50		77.50	52.00
February	21.00		30.00		65.00	43.00
March	17.00		24.00		52.00	35.00
April	12.50		18.00		39.00	26.00
Мау	8.00		12.00		26.00	17.00
June	No refunds are accepted in June					



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