



## REQUEST FOR REFUND OF FEES – DOG CONTROL 2016 - 17

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Email Address \_\_\_\_\_

Dog's Name \_\_\_\_\_

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 \_\_\_\_\_

Refund Due \_\_\_\_\_

GL Code 30300404

Refund Date \_\_\_\_\_

### REFUND CLAIMED

Month of Registration	Working Dogs	Good Dog Owner	Non Working	Neutered/Spayed Non Working Dogs
July	<b>39.00</b>	<b>56.00</b>	<b>120.00</b>	<b>80.00</b>
August	35.70	51.30	110.00	73.30
September	32.50	46.60	100.00	66.60
October	29.30	42.00	90.00	60.00
November	26.00	37.30	80.00	53.30
December	22.70	32.60	70.00	46.60
January	19.50	28.00	60.00	40.00
February	16.20	23.30	50.00	33.30
March	13.00	18.60	40.00	26.60
April	9.70	14.00	30.00	20.00
May	6.50	9.30	20.00	13.30
June	NIL	NIL	NIL	NIL