

To:

## PO Box 6, Kaikoura 7340 | 96 West End, Kaikoura

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**Kaikoura District Council** 

PO Box 6

## **NOTIFICATION OF DEATH OF DOG**

(SECTION 39 Refund & reduction of fees, Dog Control Act 1996)

Date:

KAIKOURA 7340					
Section and 39 of the A refund on the declar annual fee paid for date of application and Section 41A - Every exceeding [\$3,000] statement knowing. I hereby declare the part of the fee paid	for the refund. person commits an o who, in making an a that statement to be at the dog/s listed be for the registration o	996 states. ro rata basimplete modernoor of the state of	is and is canth remair I is liable of for the reg	ning in the regist n summary convistration of a dog	ration year after the viction to a fine not g, makes any written olication for a refund of
Name of Owner:					
Address:					
Phone No:					
Owner No:					
Name of Dog	Breed / Des	Breed / Description		o. of Tag	Date of Death
Signature of owner:Date:					
<ol> <li>The information</li> <li>The intended use</li> <li>You have the right Council.</li> <li>This information</li> </ol>	er of the information at of access to, and co is held on the Counc	enable the is the Cour orrection o	Council to ncil's Envir f any perso ister.	maintain its do onmental Servic onal informatior	g register and records. es Unit. h held about you by the of the Dog Control Act
FOR OFFICE USE ONLY					
GL Code	Refund Approved	Amount		Date Paid	Actioned By
GL Code	Refulla Approved	Amount		Date Falu	Actioned by
				Dead	Dog S39 Dead Dog- template