

**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 Phone Number .....

**Dog Details**

Dog Name .....

Date Dog Deceased .....

Current Tag Number .....

Tag Returned .....

(if not – reason why) .....



**Owners Signature** .....

**Office Use Only**

**Complete the calculation for refund**

Owner Number

Registration Fee 2009-2010	\$40.00
Month refund request received	
Number of full months remaining until the end of June 2010	
Multiply number of full months remaining by \$3.33	\$
Amount to be refunded to owner	\$
Date approved by Contract Supervisor	

**Date forward to accounts for processing Code Q4111739**

**Copy to ENL** .....

**Contract Supervisor** .....