

Address all correspondence to:

Animal Control, Ōpōtiki District Council, PO Box 44, Ōpōtiki 3162
Ph 07 315 3030, Fax 07 315 7050
Or return to 108 St John Street, Ōpōtiki

Owner details

Full name			
Address where dog was kept			
Postal address (if different)			
Date of birth		Email	
Home phone		Mobile	

Dog details

Dog's name		Tag number	
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Reason for refund request

<input type="checkbox"/> Exporting overseas	<input type="checkbox"/> Overpayment
<input type="checkbox"/> Deceased on (provide date)	<input type="checkbox"/> Other (provide details)
<input type="checkbox"/> Desexed during current registration period (please provide proof of desexing from Vet with this application)	<input type="checkbox"/> Completed Kiwi aversion training for working dog (please complete and return the Declaration of Working Dog Form with this application)

Bank account details

Note: your refund will only be processed when accompanied by a printed bank deposit slip or other bank generated document that matches the details of the applicant applying for the refund.

Bank name			
Account name			
Account number			
Owner's signature		Date	

OFFICE USE ONLY

Date received		Manager's decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Manager's signature		Date		
Processed by		Tag returned		
Registration paid		Amount refunded		
Owner ID		Dog ID		