

# APPLICATION FORM

## DOG REGISTRATION REFUND



**PortAugusta**

CITY COUNCIL

Please complete this form in **BLOCK LETTERS** and return to: PORT AUGUSTA CITY COUNCIL  
4 Mackay Street, PORT AUGUSTA SA 5700  
Phone: (08) 8641 9100  
Email: [admin@portaugusta.sa.gov.au](mailto:admin@portaugusta.sa.gov.au)

Before completing this form, please read clause 3.7 Registration Refund of the *Dog and Cat Management Policy 2.5.01*, available on Council's website and at the Civic Centre, 4 Mackay Street, PORT AUGUSTA SA 5700.

### Part 1 – Contact Details

Name of Owner:

Phone:

Email:

Address:

Postal Address:

### Part 2 – Dog Details

Name of Dog:

Registration No:

Date Registration was Paid:

Amount Paid:

Date of Death:

### Part 3 – Bank Account

Account Name:

BSB:

Account No:

I hereby confirm that the information provided is accurate to the best of my knowledge at the time of submitting this application.

I agree that any refund amount is to be deposited by Council into the account provided in Part 3.

Any personal information submitted to the Port Augusta City Council will be dealt with in accordance with Council's *Privacy Policy 2.7.03*, the *Freedom of Information Act 1991* and the *Local Government Act 1999*.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Amount to be refunded: \$

Confirm DACO payment date & amount: ☐ Yes ☐ No

Approved: ☐ Yes ☐ No

Signature:

Date: