## **Dog Maintenance Form**

Reason:		HANGE WNER		CHANGE ADDRESS		LEFT DISTRICT				DISTRI	CT COUNCIL		
		DECEASED DOG		APPLY FOR REFUND		REPLACEMEN TAG	Г						
				-									
Current owner													
Postal add	Postal address												
Dog's phys	Dog's physical address												
Telephone number include area code													
Email address													
Full name of new owner  Owner's date of birth DD MM											DD MM YYYY		
New postal address													
Dog's new physical address													
Telephone number include area code													
Email address								Owner of property					
Change address for all Council correspondence (eg. rates, water, debtors, etc.)													
Apply for Refund													
Name on bank account													
BANK ACCOUNT NO.													
Dogs Name/Breed/Current Tag													
Name				Breed			ID		Current t	tag	Replacement tag		
Name				Breed			ID		Current t	tag	Replacement tag		
Name	Name			Breed			ID		Current t	ag	Replacement tag		
Comments													
Signature Date (DD/MM/YYYY)													
Thames- 515 Macka		andel Distri	ct Co	uncil	For an	y enquiri	es, pl	ease contact our <b>Cus</b>	tomer	Services Te	eam		
Private Bag, Thames 3500 District Office: 07 868 0200 Coromandel: 07 New Zealand E-mail: customer.services@tcdc.govt.nz  Www.tcdc.govt.nz/dogs Whangamata: 0										y Bay: 07 867	2010		
Office	us <u>e:</u>	DATE:		INITIALS:		PERS ID			PROP ID	:			
COMPLITED RECORDS LIPDATED COPY SENT							ENT TO MAD FOR CHANCE O	T TO NAR FOR CHANGE OF ADDRESS					