

Criteria

Waiver Granted

Yes

Yes

Signed

Signed

63 Miranda Street PO Box 320 Stratford 4352 Phone. 06 765 6099 stratford.govt.nz

Application for Waiver of Dog Infringement Notice

Dog Control Act 1996, Stratford District Dog Control Bylaws

Dog control/(ct 1990,	otrationa bistrict bog con	tiot bytaws				
OWNER DETAILS						
Full Name						
Street Address						
Postal Address		Phone				
Email		Date	e of Birth			
INFRINGEMENT NOTICE	DETAILS					
INFRINGEMENT NOTICE NO.	DATE ISSUED	DOG NAME		REGISTRATION NO.		
REASON WAIVER SOUGH	IT					
I can confirm that I meet th	e following criteria for the waiv	ing of the Infringe	ment Notic	ce:		
1. It is a first offence under Dog Control Act 1996				Yes	No	N/A
2. This request for waiver is within the 56 days allowed				Yes	No	N/A
3. Registration fee has been paid within the 56 days from issue of notice				Yes	No	N/A
Signature			Date			
ADDITIONAL INFORMATI	ON					
The dog has died. Approximate date the dog died:				Yes	No	
2. The dog has been given away, rehoused, moved to another district				Yes	No	
Details of new owner/add	dress:					
Name						
Street Address						
It is an o	offence under Dog Control Act 1996	not to advise change	e of address o	or ownership).	

OFFICE USE ONLY

Compliance Officer

Environmental Health Manager

Date

Date