

Name:

Phone:

Email address:

PO Box 21 • Westport 7866 • New Zealand Ph: (03) 788 9111 • E: info@bdc.govt.nz www.bullerdc.govt.nz • www.westcoast.co.nz • Buller District Council



Animal Management - Application for fee waiver/payment plan

Please note for payment plans relating to registration fees and impounding agreed weekly payments are required.

Address:				
Name of the dog y	ou request fees to	be waivered:		
Tag number:				
Type of fee you red	quest to be waive	red (please circle	e).	
 Penalty Impound Dog registra Other Please outline the		g the fees.		

Comments						
I agree that this information	I have provided is true and correct.					
	•					
Signed:	Date:					
Please attach any relevant do	cumentation to support your application if applicable.					
You will be notified within 7 venalty.	orking days of the decision made regarding the waiver of	:				
If your application is ACCEPTI	D, Buller District Council will have the penalty amount					

If your application is **DECLINED**, you will need to discuss payment options with Animal

credited to your dog owner account

Management staff



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Office use only

Accept

Decline

Reason for decision

Signed

Group Manager

Regulatory Services

Buller District Council