2 KING GEORGE PLACE P O BOX 522 TIMARU 7910 TELEPHONE (03) 687 7200 enquiry@timdc.govt.nz



## ANIMAL CONTROL INFRINGEMENT EXPLANATION FORM

OWNER DETAILS			
TITLE		MR / MRS / N	MISS / MS / DR
SURNAME:			
FIRST NAMES:			
RESIDENTIAL ADDRESS	(Street):		
	(Town):		(Postcode)
Date of Birth:		_ Phone:	
DETAILS OF DOG			
Name:	Age:_	Se	X:
Breed:		_ Colour:	
Notice/Infringement No:		AN N	0:
Microchip No:		Tag N	0:
			d:
(Name of C	ouncil Tag Issued By	<b>(</b> )	
SIGNATI IRE:		DATE:	