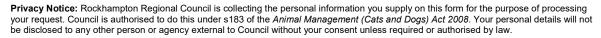
## **Regulated Dog Review Request Form**





This form is to be completed when requesting a review of a Council decision made under the *Animal Management (Cats and Dogs) Act 2008* regarding a Regulated Dog.

P: 07 4932 9000 | E: <a href="mailto:enquiries@rrc.qld.gov.au">enquiries@rrc.qld.gov.au</a> | W: <a href="mailto:www.rrc.qld.gov.au">www.rrc.qld.gov.au</a> | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Owner/Responsible Person Details					
Contact name:					
First	Middle	Last			
Residential address:					
Street number and name	City	State	Postcode		
Postal address (if different):					
Preferred contact number:	Date of birth:				
Email:					
Preferred delivery method:   Email   Po	,	Gracemere, Mt Mo	organ)		
Email is the standard form of delivery. If this method is unsuitable please select an alternative.  Dog Details					
Name:					
Permit/file number:					
Reference number:					
Current tag:					
Address where animal is kept (if different):					
Review Details					
I hereby request a review of the following decision:					
☐ Refusal to grant permit for a restricted dog	Information notice dated:				
☐ Dangerous dog declaration notice	Declaration notice dated:				
☐ Menacing dog declaration notice	Declaration notice dated:				
☐ Restricted dog declaration notice	Declaration notice dated:				
☐ Destruction order	Order dated:				
☐ Compliance notice	Notice dated:				

OFFICE USE ONLY	Date:	Information checked: Y / N	File number:

Please provide details of your grounds for review along with supporting information or attach documents:					
Declaration					
I submit this Regulated Dog Review Request Form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.					
Name:	Signature:	Date:			