

Authority to Terminate Greyhound Lease Agreement

There is NO FEE for this service.

Name of leased greyhound:	
Full name of lessee(s):	Signature/s:
Full name of owner(s):	Signature/s:
Date of commencement of lease:	
Date of termination of lease:	

Name of trainer:

Note: Rule 110.5: The lease shall run for as long as agreed by the two parties. If a period is not specified (above), the lease shall run for a period of twelve months only. A lease will commence from the date of signing.

OFFICE USE ONLY:		
Service:	Payment details:	Loaded in database:

We love our dogs. They love to race. P 04 589 4900 F 04 589 4907 E greyhound@grnz.co.nz grnz.co.nz 106-110 Jackson St, Petone, PO Box 38313, Wellington Mail Centre 5045, New Zealand



CONTACT DETAILS:

Please nominate a contact person regarding this lease termination.

Name of contact person	First Names:		
	Surname:		
Address	Street:		
	Suburb:		
	Town/City:	Postco	ode:
Contact Details	Home Phone:	Mobile:	
	Email:	Fax:	

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