

Customer Request for Refund

*This form is to be completed by an owner only.
Please return completed form to Council.*



Date: ____/____/____

Ratepayer Name:	
Assessment Number:	
Property Address:	
Contact Number:	
Email Address:	

I _____, owner of the above address, would like to request the amount of \$_____. ____ to be refunded from my rates/ water (please circle) to the nominated bank account as indicated below.

Bank Institution:	
Account Name:	
BSB #:	
Account #:	

NOTE:

- The finance team require a minimum of 3 days for processing
- Council's payment run is conducted Thursday on a fortnightly basis
- Please allow 3 business days for the refund to be credited to your nominated bank account, once the refund has been transmitted from Council's account. The processing time will vary depending on your bank institution
- A \$25.00 admin refund fee applies for this service. The admin refund fee will be deducted from the rates or water credit

Print Name: _____

Signature: _____