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Rates Refund Request Form

Purpose of Form: This form will be used to record and process your rates refund request

Refund Requests <u>over \$500</u> MUST have an accompanying Bank Statement confirming Account Name, BSB and Account Number for EFT payment (all other details can be redacted). Bank Statement must be dated within the last 6 months.

Requestor Details			
Owner/Requestor Name/s:			
Preferred Contact Number:			
Property Details for Refund R	equest		
Payment Reference Number:			
Property Address:			
Refund Information			
Refund Amount:			
Reason for Refund:			
Refund Method EFT Payment			
Refund to be provided via EFT Bank Transfer?			□ Yes
Is the Refund amount over \$500?			☐ Yes ☐ No (skip next question)
If Refund is over \$500, is bank statement header attached? A bank statement header is required by Council to process your refund request.			□ Yes
Banking Institution Name:			
Account Name/s:			
BSB:		Account Numbe	er
Remittance Advice to be			
sent to (email or postal address):			
Refund Method Cheque			
Refund to be provided by Chequ	□ Yes		
Postal Details for Cheque			
Signature			
Jighatare			
Owners/Requestors Signature:			

Office Use Only									
CSO Name:		Date:		Is bank statement attached for refur		☐ Yes			
Rates Department:	Property Number	erty Number		Refund Amount					
GL Account Number:	Requesting Officer		Date						
10-0-9000-9000-21025	Authorising Officer			Date					

Privacy Notice: In using this form, you are providing personal information such as name and contact details. This information will be used only for the purpose stated above and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*. #3589076v4