

## RATES REFUND REQUEST

## **APPLICATION**

Payable to:		
Name:		
Postal Address:		
Contact Number:		
Date Requested:		
Assessment Number:		
Property Address:		
Reason for refund (please indicate	e below):	
D		
Property Owner(s)' Signature:		
TOTAL\$		
EFT Transaction Details:		
BSB:	Account Number:	
Account Name:		
OFFICE USE ONLY		COST CODE: 5520
Approval Number:	Rates Officer:	COST CODE: 3320
	Date:	
Signature:		
Delegating Officer: Finance M	Manager / Assistant Finance Manager	
Signature:	Date:	

'COMPLETED FORM TO BE RETURNED TO ACCOUNTS PAYABLE OFFICER IN CORPORATE SERVICES'

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