

Payable to: \_\_\_\_\_

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Assessment Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Reason for refund *(please indicate below)*: \_\_\_\_\_

Property Owner(s)' Signature: \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

EFT Transaction Details: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

**OFFICE USE ONLY**

**COST CODE: 5520**

Approval Number: \_\_\_\_\_ Rates Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Delegating Officer: **Finance Manager / Assistant Finance Manager**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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