






Office:
Date:/...../.....
Time:
Name:

REQUEST FOR REFUND FORM

DO NOT USE FOR BOND REFUNDS
 ONE FORM PER REFUND

APPLICANT DETAILS	
Mr / Mrs / Ms / Miss	Surname: _____ Given Name/s: _____
Postal Address: _____	State: _____ Postcode: _____
Phone: _____	Mobile: _____ Fax: _____ Email: _____
REFUND DETAILS Please include what the refund is for and the reason for refund	
_____ _____	
ACCOUNT DETAILS The name of the Payee must match the name of the account in which the refund is being deposited.	
Financial Institution: _____	Account Name: _____
BSB Number: _____	Account No.: _____
PAYEE AUTHORISATION DETAILS	
I, <i>(Print Name)</i> _____, request to be refunded the amount of \$ _____ for the fees outlined in the information provided on this form. I acknowledge that in making this application it may not be approved. Please make the payment into my nominated bank account the details of which have been provided above.	
Signature: _____	Date: _____
RECEIPT AND PAYMENT DETAILS Applicant must provide copy of receipt and proof of identity	
Receipt Number: _____	Receipt Date: _____ Amount: _____
Details of Payment: _____	
PRIVACY ACT PERSONAL INFORMATION COLLECTION NOTICE: Gladstone Regional Council is collecting your personal information to process your Request for Refund. The information collected will be entered into Gladstone Regional Council's names and address database and may be used for any necessary Council business. The information will only be accessed by authorised Council employees. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.	
LODGEMENT DETAILS	
 IN PERSON Gladstone Office, 101Goondoon Street Gladstone Calliope Office, 5 Don Cameron Drive Calliope Miriam Vale Office, 36 Roe Street Miriam Vale	Boyne Tannum Community Centre, Cnr Wyndham and Hayes Avenue Boyne Island Agnes Water Rural Transaction Centre, 71 Springs Road Agnes Water Mt Larcom Rural Transaction Centre, Raglan Street Mt Larcom
 POST Gladstone Regional Council PO Box 29 GLADSTONE DC QLD 4680	 FAX (07) 49758500  EMAIL info@gladstone.qld.gov.au  PHONE (07) 4970 0700
OFFICE USE ONLY - Once completed and signed attach a copy of "Drawer" screen from pathway - please submit to Creditors Section in Finance	
Details of Receipt: _____	Job Cost Number: _____
Officer Name: _____	Signature: _____
Supervisor/Authorised Officer Name: _____	Signature: _____
Reason for not refunding total amount: _____	