

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

REQUEST FOR REFUND FORM – ANIMAL REGISTRATION

DO NOT USE FOR ANY OTHER REFUNDS - ONE FORM PER REFUND

APPLICANT DETAILS Please include contact details									
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>					Surname:			Given Name/s:	
Postal Address:						State:		Postcode:	
Phone:		Mobile:		Fax:		Email:			
REFUND DETAILS Please tick appropriate refund box									
Animal Reference Number:						Relocating out of the Gladstone Region			
Animal Deceased (A copy of Vet Certificate or Statutory Declaration to be provided)						Registration Overpayment			
HOW WAS THE PAYMENT MADE									
BPay (Proof of payment MUST be attached showing the below information: <ul style="list-style-type: none"> Date paid Amount paid Reference number used for payment Name of payee making the payment (if possible) 						At Counter		Online	
ACCOUNT DETAILS									
Financial Institution:			Account Name:			Account Type: <input type="checkbox"/> Sole Account <input type="checkbox"/> Joint Account <input type="checkbox"/> Other Account			
BSB Number:			Account No.:						
PAYEE AUTHORISATION DETAILS - This Form MUST be completed and signed by the person who paid the registration fee									
I, (Print Name) _____, 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: _____									
PRIVACY ACT PERSONAL INFORMATION COLLECTION NOTICE: Gladstone Regional Council is collecting your personal information to process your Request for Refund. Council is authorised to do this under the Local Government Act 2009. 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									
<input checked="" type="checkbox"/> IN PERSON <input type="checkbox"/> POST		Gladstone Office, 101 Goondoon 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			
		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:		Receipt Number:		Receipt Date:		Amount:			
Job Cost Number:		10.100040721000000							
Officer Name:		Signature:							
Supervisor/Authorised Officer Name:		Signature:							
Reason for not refunding total amount:									
Total Amount to be refunded:									