

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

REQUEST FOR REFUND FORM

DO NOT USE FOR BOND REFUNDS OR RATES REFUNDS
 ONE FORM PER REFUND

APPLICANT DETAILS Please include contact 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.

NOTE: Account Name is the personal name/s or business name of the account

Financial Institution:	Account Name:	Account Type: <small>Sole Account Joint Account Business/Company Account</small>
BSB Number:	Account No.:	

PAYEE AUTHORISATION DETAILS

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: _____

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:	
Total Amount to be refunded:	