

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: <input type="text"/>	Given Name/s: <input type="text"/>
Postal Address: <input type="text"/>				State: <input type="text"/>	Postcode: <input type="text"/>
Phone: <input type="text"/>	Mobile: <input type="text"/>	Email: <input type="text"/>			

REFUND DETAILS Please include what the refund is for and the reason for refund	
Animal Reference Number: <input type="text"/>	<input type="checkbox"/> Registration Overpayment
<input type="checkbox"/> Animal Deceased (A copy of Vet Certificate or Statutory Declaration must be provided)	<input type="checkbox"/> Relocating out of the Gladstone Region

HOW WAS THE PAYMENT MADE	
<input type="checkbox"/> BPay - Proof of <u>bank transaction</u> payment MUST be attached showing the information below:	<input type="checkbox"/> At Counter <input type="checkbox"/> Online
<ul style="list-style-type: none"> • Date paid • Amount paid • Reference number used for payment • Name of payee making the payment (if possible) 	

ACCOUNT DETAILS		
Financial Institution: <input type="text"/>	Account Name: <input type="text"/>	Account Type: <input type="checkbox"/> Sole Account <input type="checkbox"/> Joint Account <input type="checkbox"/> Other Account
BSB Number: <input type="text"/>	Account No.: <input type="text"/>	

PAYEE AUTHORISATION DETAILS - This Form MUST be completed and signed by the person who paid the registration fee	
I, (Print Name) <input type="text"/>	request to be refunded the amount of \$ <input type="text"/>
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: <input type="text"/>	Date: <input type="text"/>

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 name 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:	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:			