

Office:

Date:/...../.....

Time:

Name:

RATES REFUND REQUEST FORM / TRANSFER OF CREDIT FORM

Attention: Revenue Services

IMPORTANT NOTE

Rates refunds/transfer of credits
may take a minimum of 10
business days to process.

Applicant Name/s:	
Contact Phone Number:	
Email Address:	

OPTION 1 - RATES REFUND

I hereby request the below amount to be **refunded** into the bank account as detailed below.

Refund Amount:	\$	Assessment No.:	
Property Address:			
Bank Name:			
Account Name: (Sole or Joint Names, Business or Company Name)			
BSB Number:			
Account Number:			

OPTION 2 - TRANSFER OF CREDIT

I hereby request the below amount to be **transferred** into the assessment as detailed below.

Transfer Amount:	\$		
FROM my property	Assessment No.:		
	Property Address:		
TO my property	Assessment No.:		
	Property Address:		

OWNER AUTHORISATION

Property Owner Signature 1 *	Property Owner Printed Name 1 & Position (owner/Company director etc.)	Date
Property Owner Signature 2 *	Property Owner Printed Name 2 & Position (owner/Company director etc.)	Date

* If using electronic signatures, please ensure the signature is NOT just a printed name.

Gladstone Regional Council is collecting your Personal Information to process your application for a refund/transfer of credit under the Local Government Act 2009. Council will manage your Personal Information in accordance with the requirements of the Information Privacy Act 2009 (Qld) and Council's Privacy Policy. More information on how Council manages Personal Information is available at www.gladstone.qld.gov.au/Privacy