

T 1300 79 49 29 F (07) 4197 4455 P PO Box 1943 HERVEY BAY QLD 4655 E enquiry@frasercoast.qld.gov.au W www.frasercoast.qld.gov.au

RATES REFUND REQUEST FORM

Purpose of Form: This form will be used to record and process your refund request. I/we, ______ the owner/s of property situated at: Property Address_____ Payment Reference No _____ **Postal Address** ______ Post Code______ Telephone Contact No _____ Email Address for remittance I/we hereby request refund of the sum of \$ _____ Please refund via: 0 Cheque (to the above postal address) 0 EFT (please complete details below) Account Holder/s Name/s: Bank Name: _____ BSB: Account Number: Owner/s signature......Dated Please circle how your payment was made: At Council, Bank, Post Office counters, via Bpay or Apost (internet) from my credit or savings/cheque account, Cheque by Mail Office use only Refund to be issued during the next applicable payment run. **Particulars** GL Account No. Amount \$..... **Refund Property No.** 10-0-9000-9000-21025 We hereby certify that the above information has been processed to the above property. Officer requesting payment - _____ dated _____ Authorised Signing Officer - _____ dated _____ **Accounts Payable Officer** I hereby certify that the details on this voucher have been checked and are correct.