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Rates Refund Request Form

Purpose of Form: This form will be used to record and process your rates refund request

Refund Requests <u>over \$500</u> MUST have an accompanying Bank Statement confirming Account Name, BSB and Account Number for EFT payment (other details can be redacted). Bank Statement must be dated within the last 6 months.

Requestor Details				
Owner/Requestor Name/s:				
Preferred Contact Number:				
Property Details for Refund Reque	st			
Payment Reference Number:				
Property Address:				
Refund Information				
Refund Amount:				
Reason for Refund:				
Refund Method				
Bank Statement Header MUST be Attached if Refund Request is over \$500 and payment is via EFT Transfer				
EFT Transfer	Banking Institution Name:			
	Name/s on Account:			
	BSB:			
	Account Number:			
Email for Remittance Advice:				
Cheque 🗌	Postal Details for Cheque			
Signature	· · · · · · · · · · · · · · · · · · ·			
Owners/Requestors Signature:				

Office Use		
GL Account Number:	Property Number:	
10-0-9000-9000-21025	Refund Amount:	
Requesting Officers Signature:		Date:
Authorised Officers Signature:		Date:

Privacy Notice: In using this form, you are providing personal information such as name and contact details. This information will be used only for the purpose stated above and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009.* #3589076v4