## **Refund Request Form**



Proof of Payment must accompany this form.

Applica	ant Details	Details of p	Details of person requesting refund must match the original payee.							
Name:										
Postal Address:										
Teleph	one number:									
Email Address:										
Property No. in Credit										
Amount of Refund:		\$								
Refund Details: Please provide the reason why this refund is required.		nis								
Applicants Signature:										
Date:										
Proof o	of Payment Attached									
EFT Payment Details										
Accour	nt Name:									
Name o	of Banking Institution	n:								
BSB:										
Accour	nt Number:									
Accour	nt Details Verified:	Officer:				Date:	1	1		
<b>Information Privacy Act 2009.</b> Burdekin Shire Council is collecting the information you supply on this form to be used in the Finance Department for processing of refunds. The information will only be used by authorised Council Officers and will not be given to any other person or agency unless required by law to do so. This information is handled in accordance with the Information Privacy Act 2009.										
Office Use Only										
	D Checked:   Documen		,		Prop ID No			Land ID No		
Officer:		Date Received	/	/	Action	Rates		Function ID No	670	

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Responsible Officer: Revenue Coordinator(20056)

Effective Date:01/07/2024

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