CASSOWARY COAST REGIONAL COUNCIL
PO Box 887
INNISFAIL QLD 4860
Ph: 1300 763 903
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REFUND OF MONIES – PH Sewerage Concession ONLY

Section 1 – Applicant(s) Details

Name:	
Select Applicable:	☐ The Owner / Account Holder ☐ A person authorised by the Owner / Account Holder
Property Address:	
Postal Address:	
Mobile/Phone:	
Email:	

Section 2 – Reason for Refund

Please tick applicable box:	☐ Applicants request	☐ Council adjustment (no fee applies)
	☐ Obsolete rate file (no fee applies)	
	☐ Other: *(please specify)*	
An administration fee is payable prior to processing the refund. Monies to be receipted to M00253	Administration fee paid at time of request: Yes ☐ No ☐ If yes, Receipt No. ..... If no, is Administration fee to be deducted from the rate file / debtor a/c: Yes ☐ No ☐ (If there is not sufficient funds on the rate file / debtor a/c, the fee will be deducted from the refund amount)	

Section 3 - Refund Details

Property No / Account No:	
Applicant(s) Name:	
Refund Amount:	
Financial Institution:	
Branch:	
Account Name (in full):	
BSB:	-
Account Number:	

I/we acknowledge the above details to be true and approve the refund:

Applicant's Signature:		**Date:**	

FOR OFFICE USE ONLY

Journal No:		**Fee Applied:**	
Payment Request Completed:		**Note on the File:**	
Processed by:		**Date:**	
Checked by:		**Date:**	
Have the bank details been confirmed by Rates officer over the phone? Yes ☐ No ☐		**Bank Details Checked by:**	/ /2024
Account Number:		**Description:**	

Privacy Statement: *The Cassowary Coast Regional Council respects your privacy. Personal information on this form is collected in accordance with Local Government Regulation 2012 and is used only by Council staff for the purpose of this form. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the appropriate form obtainable from Council Website at any time.*