



LACHLAN SHIRE COUNCIL
REQUEST FOR REFUND OF RATES AND CHARGES OVERPAYMENT
Payment to account holder/s

Please note to apply for a refund, the following criteria must be met:

- All persons noted on the account must complete the refund request form
- In the event not all parties are able to complete this form, sufficient documentation must be supplied to Lachlan Shire Council in support of your application & authorisation to do so (eg Power of Attorney)
- The pending balance of your assessment must be in credit. (This is the maximum amount refundable)
- If you are unable to attend the office of Lachlan Shire Council please send a Justice of the Peace stamped copy of your identification with your application

Account Number: _____ Date: _____

Property Address: _____

Account holder names: _____

Postal Address: _____

Telephone number: _____

IDENTIFICATION:

In the event a current driver's licence is not available, a combination of 2 (two) of the following forms of identification are required:

Medicare Card, Pension Card, Veteran Affairs or Seniors Card, Birth Certificate (attach copy), Bank or Credit Card

(1) Account Holder Name: _____

Type of Identification: _____ 2nd Type ID: _____

Card Number: _____ 2nd Card Number: _____

Expiry Date: _____ 2nd Expiry Date: _____

Signature of Account Holders: _____

Witnessed by: _____ (Name of staff member)

(2) Account Holder Name: _____

Type of Identification: _____ 2nd Type ID: _____

Card Number: _____ 2nd Card Number: _____

Expiry Date: _____ 2nd Expiry Date: _____

Signature of Account Holders: _____

Witnessed by: _____ (Name of staff member)

REFUND DETAILS

Amount to be refunded: _____ Payment Method: EFT

Name of Payee: _____

BSB Number: _____ Account Number: _____

FOR COMPLETION BY REVENUE DEPARTMENT

Refund Approved: _____

If declined reason: _____

TRIM Ref #: _____

Payment Date: _____

Completed by

Printed name: _____

Signature: _____

Date: _____