



Refund Request Water Sewer / Rates / Debtor

10 Graham Place, CASINO
19-25 Woodburn Street, EVANS HEAD
Locked Bag 10, CASINO, NSW, 2470
Phone: 02 6660 0300 Fax: 02 6660 1300 council@richmondvalley.nsw.gov.au

Your Details

Property ID / Debtor Number:

Full Name as per notice:

Property Address:

Postal Address:

.....

Telephone: Mobile:.....

Email:

Details of Refund

I hereby request Council to transfer funds from nominated account as listed below:

The amount of: \$

from Water/Sewer Rates Debtor

I request that the proceeds be payable by cheque and forwarded to the postal address listed.

I request that the proceeds be transferred by EFT as per the nominated details listed below.

BSB No: Bank:

Account no: Account name:

Property Owners Consent

Full Name:

Signature: Date: / /

Full Name:

Signature: Date: / /

Privacy and Personal Information Protection Notice

Purpose of collection: Public access to Council's documents.

Intended recipients: Council staff and is publicly available under the Government Information Public Access Act 2009.

Supply: Voluntary, a consequence of non-provision is that insufficient information will be provided.

Access/Correction: Requests for access / correction of information under the Government Information (Public Access) Act or Privacy & Personal Information Protection Act 1998, contact the Council's Right to Information Officer.

Storage: Storage: This form will be recorded in Council's Corporate Records Management System upon receipt.

Office use only:

Property/Debtor ID: Name ID:

Land ID: