

Rates Payment Refund Request

This form is **not** required if the payment was made by direct debit

Lodge Applications at Ballina Shire Council • 40 Cherry Street Ballina (Mon-Fri 8.15am to 4.30pm)
mail PO Box 450 Ballina 2478 • **e** rates@ballina.nsw.gov.au
t 1300 864 444 • **w** ballina.nsw.gov.au

Fees apply to process a refund of rates and charges (the adopted fee for 2020/21 is \$25, subject to change each financial year).
The processing fee will be deducted from any balance refunded.

Only the original payer or their legal representative may apply for a rates payment refund.

If insufficient information is provided, your request may not be accepted or processed.

Applications will be processed within 10 working days and applicants will be contacted by email.

Applicant Details *original payer only*

Are you the property owner? Yes No

Applicant Name

Mailing Address

Email Address

Phone *work*

Phone *home*

Phone *mobile*

Refund Information

Rates Assessment Number

Property Address

Reason Refund is Required

Total Amount Overpaid

*please note a \$25
processing fee applies
to all refunds*

Amount to be Refunded

Refund by

- Direct Deposit
 Cheque

Bank Account Details

Financial Institution

Branch

Account Name

BSB Number

Account Number

Refund Information *continued*

If you are a **business/organisation**, for security purposes the following document must also be provided:

- Copy of bank statement or extract showing the business/organisation name(s), bank account details and address information. *We do not require financial information so the top portion of the bank statement is acceptable or alternatively you may provide a letter from the bank confirming account details. This is in order to safeguard the integrity of supplier banking details.*

Privacy Protection Notice

The completed Rates Payment Refund Request application form contains personal information which is being collected for the purpose of providing a refund of paid rates and charges and to enable Council to perform any other duty or task under any relevant legislation. The information will be processed by the Corporate and Community Division and may be made available to public enquiries under the Government Information (Public Access) Act. The information will be stored in Council's electronic document management system.

Applicant Declaration

I declare that I am the Original Payer or their legal representative, and the information given on this form is true and correct. I agree with the terms and conditions noted on page 1 associated with the refund process, including fees.

Applicant Name

Signature

Date

Office Use Only

2020/21 Fee \$25

Type 6

GL Number 26028.7817.138 (no GST)

Creditor Number from Creditors Department

Fee to be deducted from refund amount

Fee paid separately (add details below)

Receipt Number

Amount paid \$

Date

Rating Officer

Date Processed

Signatory 1

Signatory 2

Processed by
Accounts Payable