Rates / Water Payment Refund Request



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

A fee may apply to process a refund of rates/water charges (the adopted fee for 2024/25 is \$27, 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 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/Water Assessment No	o. Property Address		
Reason Refund is Required			
Total Amount Overpaid	_	Amount to be Refunded	
\$	please note a \$27 processing fee applies to all refunds	\$	
Bank Account Details refur	nd will be made by direct deposit		
Financial Institution		Branch	
Account Name			
BSB Number	Account Number		

Refund Information continued

For security purposes the following document must also be provided:

Copy of bank statement or extract showing the owner/ organisation name(s), bank account details, address information, and evidence of the payment debiting the account.

Refer to the example bank statement shown. The information outlined in red on the top portion of your statement is all that is required. Your transaction and balance details do not need to be provided.

Alternatively you may provide a letter from the bank confirming account details.

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Privacy Protection Notice

The completed Rates/Water 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 associated with the refund process, including fees.

Applicant Name applicant 1	Signature applicant 1	Date
Applicant Name applicant 2	Signature applicant 2	Date
Applicant Name applicant 2	Signature applicant 2	Date