

# 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 2019/20 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** *for direct deposit of refund, only applicable if original payment was made by direct debit*

Financial Institution

Branch

Account Name

BSB Number

Account Number

## Original Payment Verification

For security purposes, the following documents must be provided in order to verify how the original payment was made, and the identity of the payer.

### Please attach these payment documents:

- ☐ Copy of bank statement showing the payment and including your name(s), bank account details and address information
- ☐ Copy of receipt *required only if payment was made with cash*

## 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

2019/20 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