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? Applicant Name	Yes No			
Mailing Address				
Mailing Address				
Email Address				
Phone work	Phone home	Phone mobile		
Refund Information				
Rates/Water Assessment No. 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			

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Refund Information continued				
Copy of bank statement or extract showing the organisation name(s), bank account details, a information, and evidence of the payment details account. Refer to the example bank statement shown. The information on the top portion of your statement is all that is required. You balance details do not need to be provided. Alternatively you may provide a letter from the bank confirming.	ne owner/ ddress piting the n outlined in red ur transaction and	YOU SISTEMAN TO SEE THE SECOND		
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		
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