Rates - Credit Refund

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I request the rates and charges in credit for my property to be refunded as detailed:

Details				
Property Address				
PID Number		Assessment Number		
Owner/s Full Name				
Phone Number				
Postal Address				
Email Address				
Refund Details				
EFT Details	BSB		Account No	
	Account Name: *(must be the same name details as on the property)*			
	Bank Name			
	Refund Amount			
Authorisation				
Full Name				
Signature		Date		

Office Use Only					
Processed by Name		Signature		Date	
NAR No		Debtor No			
File to	28/6/5-**		Alternately within	PID	
Title	PID – [xxxxxxx] - Rates - Credit Refund – [Address] - [Name]				
Authorising Officer:					
I authorise payment as listed above:					
Name		Note to Accounts Payable:			
Signature					
Date					

Privacy Statement
1. Council is committed to upholding your right to privacy. **2.** Personal information collected by Burnie City Council is used in the provision of services. **3.** Information collected will be retained confidentially and disposed of in accordance with requirements of the Personal Information Protection Act 2004. **4.** You have the right to access your own personal information on request.