

Request for Refund Form

Document Number:

Section 1 – This section is to be completed by the Applicant

Application requesting payment/refund of a bond must be completed by the original payee whose name appears on the Receipt. If you are not the original payee as listed on the receipt, please provide written authorisation from the original payee allowing Council to refund the monies to you as the applicant.

Prior to applying, please ensure you have checked all conditions of your bond (including timeframes for claiming refund where applicable).

Claimant Details			
Name			
Address			
Contact number			
Method of Payment of refund requested	<input type="checkbox"/> Cheque	<input type="checkbox"/> EFT	Account Name
			BSB
			Account Number
Applicant Signature			Date
Is Claimant the same as the original payee?	<input type="checkbox"/> Yes <input type="checkbox"/> No, authorisation from original payee to pay claimant is attached <input type="checkbox"/> No, evidence of payment attached		

Original Payee Details			
Name			
Address			
Contact number			
Amount Paid	\$	Date of payment	
Method of Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> EFT <input type="checkbox"/> Credit Card
Receipt Number	*Attach receipt (or evidence of payment if available)		

Property / Facility Details	
Name of property/facility the claim relates to	
Property Address	
DA / CDC / Application Number (If applicable)	
Date of Final Occupation Certificate lodgement	Final Occupation Certificate Receipt Number

Privacy Statement

The personal information provided on this form (including your name and other details) will be handled in accordance with the *Privacy and Personal Information Protection Act 1998* and may be available to the public under various legislation. Refer also to the Privacy Statement on Council's website.

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ABN 80 690 785 443

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Telephone Interpreter Services - 131 450

Τηλεφωνικές Υπηρεσίες Διερμηνέων

بخدمة الترجمة الهاتفية

電話傳譯服務處

Служба за преведување по телефон

Section 2 – This section is to be completed by Council Officers only

Payment / Refund Type		Account Number	Brief description / instructions / details
<input type="checkbox"/>	Damage / Security / Footpath Crossing Deposit		
<input type="checkbox"/>	Tree Bond		
<input type="checkbox"/>	Landscape Bond		
<input type="checkbox"/>	Road Reserve Opening		
<input type="checkbox"/>	Child/ Family Day Care Bond		
<input type="checkbox"/>	Out of School Hours Bond (OOSH)		
<input type="checkbox"/>	Facility Hire/Use Bond		
<input type="checkbox"/>	Other (please specify)		

Attachments (where applicable)		Content Manager Reference
<input type="checkbox"/>	Original Receipt details with payees details	
<input type="checkbox"/>	Original Application form	
<input type="checkbox"/>	Authorisation from Original Payee to pay / refund the Claimant	
<input type="checkbox"/>	Notification Forms (eg to Terminate Child Care)	
<input type="checkbox"/>	Condition Assessment forms that provides information about the amount to be paid / refunded.	
<input type="checkbox"/>	Transaction evidence (eg if it relates to claim of private vehicle/phone use)	
<input type="checkbox"/>	Final Occupation Certificate	
<input type="checkbox"/>	Inspector Authorisation: Progress Inspections Report	

Payment / Refund Assessment	
Original Amount Paid	\$
Less Deductions	\$
Amount to be paid / refunded to Claimant	\$

Requested by		Approved By*	
Name		Name	
Position		Position	
Business Unit		Business Unit	
Signature		Signature	
Date		Date	

*Must have FN 002 sub-delegation to approve.

OFFICE USE

Financial Accounting

Date Received	
Form details checked by	
Details and funds verified:	
Bonds Register updated	

Procurement

Date Received	
Form details checked by	
Details into TechOne	
Details entered by	
TRIM	
Referred to Finance	

Accounts Payable

Date processed	
Payment Period	
Reference	
TRIM	