Rates Overpayment Refund

Use this form to apply for a refund of rates if an overpayment has been made.

Bayside Council

Property information

Customer reference no   *The number is in top right-hand corner of your rates notice*

Property address

Claimant's declaration and signature:

☐ I declare that I am the ratepayer/managing agent of the above property and that the information provided in this form is true and correct.

Signature   Date

For help and to return this form:

Bayside Council, 444-446 Princes Highway, Rockdale | PO Box 21, Rockdale NSW 2216

Phone 1300 581 299 | (02) 9562 1666 Email council@bayside.nsw.gov.au Web www.bayside.nsw.gov.au

1. Refund details   *Please allow up to 14 days for your application to be processed.*

Refund amount $

Reason

Supporting documents – You must provide 1 of these:

☐ Copy of receipt

☐ Copy of credit card of bank statement (showing your name and address)

☐ Copy of BPay receipt. Use the *print screen* function to capture the payment details, name/s, and address.

Refund method:

☐ EFT   Account name

BSB   Account no.

2. Claimant's details

Full name

Mailing address

Phone   Mobile

Email

Privacy notice

We are collecting this information to process your request. We may not be able to do so without it. Supplying this information is voluntary.

We will store your personal information on our systems or in our offices, where it will be used by our staff and contractors. Other people can request access to it under the *Government Information (Public Access) Act 2009*. You can ask us to suppress your personal information from a public register and we will consider your request in line with the *Privacy and Personal Information Protection Act 1998*. Our Privacy Management Statement sets out how Bayside Council collect personal information. Please visit www.bayside.nsw.gov.au to read the Statement.

Payment / Refund Assessment

Original Amount Paid	
Less Deductions	
Amount to be paid/refunded to Claimant	
Receipt Number	

Attachments (where applicable)	EDRMS (CM) Reference
☐ Original Receipt details with payees' details	
☐ Original Application form	
☐ Authorisation from Original Payee to pay / refund the Claimant	

Refund Details

Payment / Refund Type	Account Number	Brief description / instructions / details
Rates	10-9000-9000-21028	Rates Refund - Cust. Ref.

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

Must have FN 002 sub-delegation to approve.

Financial Accounting	
Date Received	
Form details checked by	
Details and funds verified:	
Bonds Register Updated	