

**LEGAL POINT OF DISCHARGE PAYMENT REFUND
REQUEST FORM**



Applicant Details

Name: _____
Address: _____
Email: _____
Telephone/s: _____
Signature: _____ Date: _____

Property Details for Refund Application

Street Number: _____ Street Name: _____
Suburb: _____ Postcode: _____
Lot: _____

Reason for Refund

Payment Receipt Number (Original Tax Invoices must be attached)

Bank Account Details

<u>DETAILS OF ACCOUNT TO BE DEBITED</u> (All details must be supplied) ----- Name of Bank or Financial Institution

<u>BSB Number</u>	<u>Account Number</u>	<u>Branch Name</u>
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PAYMENT DETAILS

----- Account Name

Where to Submit the Form

By e-mail: customerservice@hobsonsabay.vic.gov.au

In person at: City of Hobsons Bay, 115 Civic Parade, Altona VIC 3018

<u>OFFICE USE ONLY</u>				
Ledger Number: 58300.5400	Cashier ID:	Amount: \$	Receipt:	Date:

Hobsons Bay City Council
Telephone: (03) 9932 1000 Fax: (03) 9932 1039; NRS Phone 133 677 and quote 03 9932 1000

Privacy Statement

Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014 and used for the specified purpose. You can access your personal information by contacting Council's Privacy Officer on 9705 5200