

# 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

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

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

-----
Account Name

## Where to Submit the Form

**By e-mail:** [customerservice@hobsonsbay.vic.gov.au](mailto:customerservice@hobsonsbay.vic.gov.au)

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

Ledger Number: 58500.5400	<b><u>OFFICE USE ONLY</u></b>		
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