RATES REFUND REQUEST



Please complete this form to request a refund of credit of property rates held with Dubbo Regional Council. Mandatory information is marked with *

APPLICANT DETAILS*						
Title	□ Mr	□ Mrs □ N	Miss Ms	☐ Other - PI	lease specify:	
Name/s						
Date of Birth Optional						
Residential Address Include City, State & Pos	stcode					
Postal Address Include City, State & Pos	stcode					
Contact Number						
Email Address						
PROPERTY DETAILS						
Rate Assessment Num	nber*					
Lot No		DP/SP No			House Number*	
Street/Road*						
Town*		State*			Postcode*	
FINANCIAL INSTITUTE AND REFUND DETAILS* Dubbo Regional Council can only process a refund to a bank account held in the identical name(s) that appear on the rate assessment. An approved bank document (bank statement or pre-printed deposit slip) must be provided. It must include bank name, BSB, account number and account name. Other information appearing on the bank statement (transactions and account balance) should be blocked out.						
Financial Institution N	ame					
Full Account Name						
BSB Number						
Account number						
Requested refund amount						
Reason for refund						
Tick to acknow balance prior to	-	.00 refund ov	erpaid accou	nts fee will b	e taken out of the I	rate account credit
APPLICANT SIGNATURE*						
Signature						
Print Name						
Date						

PRIVACY NOTE: Council is bound by the provisions of the Privacy and Personal Information Action 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained. For further information, please refer to Council's Privacy Management Plan Policy located on Council's website www.dubbo.nsw.gov.au