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ABN: 68 284 130 046

<p><u>Office Use:</u></p> <p>Document ID: Account No.: Account Status:</p>

Water Refund Request

All fields are required to be completed

Property Details

Property Address: _____

Applicant Details

Name: _____

Contact Number: _____ Email Address: _____

Postal Address: _____

Account Details

TOTAL REFUND AMOUNT \$ _____

IF YOU ARE NOT THE OWNER OF THE ACCOUNT, you must provide proof of payment and reason below why a refund is being requested: _____

Proof provided (Please select) – **Note: Refund will not be approved if proof cannot be provided.**

- Bank Transfer Receipt of payment
- Remittance

Account Details

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- Roxby Council incorporating Roxby Water may refuse this application if it becomes evident that information or any supporting documentation provided is incomplete or false

Full name of person completing this application _____

Signature of person completing this application _____ Date: ____ / ____ / ____

Please complete Bank Account Details on the reverse of form

Bank Account Details

Name of Financial Institution: _____

BSB No:

Account No:

Name/s on account
The exact name/s of the account holder/s must be indicated.

Name 1: _____

Name 2: _____
All authorised signatories must sign the authorisation.

Signature: _____ **Date:** _____ / _____ / _____

Signature: _____ **Date:** _____ / _____ / _____