



Richardson Place  
PO Box 124  
Roxby Downs SA 5725  
Phone 08 8671 0010  
[roxby@roxbycouncil.com.au](mailto:roxby@roxbycouncil.com.au)  
[www.roxbydowns.sa.gov.au](http://www.roxbydowns.sa.gov.au)

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Office Use:

Document ID:

Assessment Number:

## Council Rates Refund Request

*\*Required Fields*

### Account Details

Property Address: \_\_\_\_\_

### Applicant Details

Organisation Name *(If applicable)*: \_\_\_\_\_

Name/s: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
*(If different from property address)*

### Request

**TOTAL REFUND AMOUNT \$** \_\_\_\_\_

If you are not the owner of the account, please 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

### Acknowledgement

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- Roxby Council 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

Full name of person completing this application: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

BSB:

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_