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

Electricity Refund Request

All fields are required to be completed

Type of Request

- Bond Refund
 Account Credit Refund
 Solar Credit Refund

(Bond will be paid in full only)

Applicant Details

Name/s on Account: _____

Property Address: _____

Contact Number: _____ Email Address: _____

Postal Address: _____

(If different from Property Address)

Account Details

TOTAL **CREDIT** ACCRUED ON NOMINATED ACCOUNT \$ _____ *(Stated on current account)*

Partial credit refund requested \$ _____

Full credit refund requested \$ _____ *(total credit accrued as above)*

Acknowledgement Signature

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 Power may refuse this application if it becomes evident that information or any supporting documentation provided is incomplete or false
- I approve of the information that has been provided in this application.
- Bond Refunds will not be refunded until my final account is paid in full.

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: _____ / _____ / _____