

RATES REFUND REQUEST FORM

18 Desailly Street (PO Box 506)
Sale Victoria 3850
Tel 1300 366 244

INDIVIDUAL DETAILS

Refund Amount:

Full Name:

Property Assessment
Number:

Property Address:

Postal Address:
If different from above

Phone :

Email :

BANK DETAILS

Name of Bank:

Account Name:

BSB Number:

Account Number:

DECLARATION

I/We certify that the above information is correct. I/We are responsible for the accuracy of the above and will advise Wellington Shire Council forthwith upon any change to the above. Wellington Shire Council will provide sufficient details to trace any late or non-transferred funds. Any enquiries regarding this matter should be direct to Accounts Receivable on 1300 366 244.

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Name

Signature

Date

**Return
completed forms
to:**

Email to: - rates@wellington.vic.gov.au or

Post to: - Wellington Shire Council, PO Box 506, Sale, Victoria 3850

NAR Number:

Office Use Only:

Creditor Number:

Information collected on this form constitutes 'Personal information' under the *Information Privacy Act 2000* and is being collected by the Council as supplier information. It will be used solely by Wellington Shire Council for that primary purpose or a directly related secondary purpose. The information provided will not be disclosed to third parties without your consent unless required by law.