



Rate/Debtor Refund

Request Form (ONE FORM PER REFUND)

Mansfield Shire

APPLICANTS DETAILS

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Surname:	
Given Name/s:		
Postal Address:		
Suburb:	State:	Postcode:
Mobile No:	Email:	
Assessment/Debtor No:		
Property Address:		

ACCOUNT DETAILS

Financial Institution:	Account Name:
BSB No:	Account No:

PAYEE AUTHORISATION DETAILS

I, _____ (*Print Name*), request to be refunded the amount of \$_____ for the overpaid rates and charges on my account as provided on this form. Please make the payment into my nominated bank account, the details of which have been provided above.

Signature: _____

Date: _____

RECEIPT AND PAYMENT DETAILS *(When the overpayment was made)*

Receipt No:	Receipt Date:
Amount: \$	Details of Payment:

LODGEMENT DETAILS

Email: rates@mansfield.vic.gov.au

Post: Mansfield Shire Council Private Bag 1000, Mansfield VIC 3724

Office Use Only

Received and checked by:
Signature: