



MANSFIELD SHIRE

REQUEST FOR RATE/DEBTOR REFUND

ONE FORM PER REFUND

APPLICANT DETAILS

Mr / Mrs / Ms /Miss Surname:

Given Name/s:

Postal Address:

State:

Postcode:

Phone:

Mobile:

Email:

Assessment No/Debtor No:

Property Address:

ACCOUNT DETAILS

Financial Institution:

Account Name:

BSB Number:

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 Number:

Receipt Date:

Amount:

Details of Payment:

PRIVACY ACT PERSONAL INFORMATION COLLECTION NOTICE: The Mansfield Shire Council is collecting your personal information to process this request. The information will only be accessed by authorised Council employees. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

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: