

REFUND REQUEST FORM



Please complete the Applicant section on this form, then sign and return to Moorabool Shire Council.

Approved refunds will be paid by Electronic Funds Transfer, within 14 days of receipt of this form.

Note: Hired property will be inspected by Council before a refund is made. Damage may result in full or partial forfeiture of the deposit, and may incur additional charges.

APPLICANT TO COMPLETE and SIGN

Please specify refund type:

- | | | |
|--|--|--|
| ☐ Meeting Room | ☐ Community Bus | ☐ Planning Fees |
| ☐ Cat Cage | ☐ Corporate Marquee | ☐ Building Fees |
| ☐ Standpipe Key | ☐ Animal Registration | ☐ Other |

Reason for request: _____

Please provide your current bank account details for the refund to be deposited into.

Bank (eg. CBA, ANZ):	Branch Location (eg. Ballan):															
Account Holders Name (eg. John Smith):																
BSB No:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															
Bank Account No:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															

Applicant Name: _____

Address: _____

Email: _____

Phone no: _____ Signature: _____

All personal information collected above is required for the purpose of processing your refund. All information will be securely stored and will not be used or disclosed to a person, body or agency (other than yourself) for any purpose other than that for which the information has been collected.

OFFICE USE ONLY – ASSET RETURN

Council Asset Returned to Location: ☐ Pound ☐ Darley ☐ Ballan ☐ Library		Council Asset Hire Return Date:															
Receipt no (attached):		Item Received (Staff Initials):															
Refund Amount: \$		GST code (please circle): C (10%) N/A (0%)															
GL code:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td>-</td><td>0</td></tr></table>									-						-	0
						-						-	0				
Refund Authorised by:	Name:	Signature:	Date:														