

Request for Refund of Trust Bond

Please fill in one form per bond refund. Bonds cannot be refunded to a credit card account.

THE NAME OF THE PAYEE ON THE RECEIPT MUST MATCH THE NAME OF THE ACCOUNT INTO WHICH THE REFUND IS TO BE DEPOSITED.

PRIVACY STATEMENT: Gladstone Regional Council is collecting your personal information to process this request. The information will be only accessed by authorised council employees. Some information may be given to the financial institution nominated for the same purpose. Your information will not be given to any other person or agency unless you have given us permission, or we are required by law.

1. APPLICANT DETAILS

Company Name: _____

Given Name/s: _____ Surname: _____

Postal Address: _____ State: _____ Postcode: _____

Mobile/Phone: _____ Email: _____

2. DETAILS OF BOND

Receipt Number:

(Please tick type of bond to be refunded . Complete details if known.)

Venue/Park Hire Booking

Room/Site Hired: _____ Date of Function: _____

Mobile Standpipe Hire

Standpipe Hire ID: _____ Debtor No.: _____ Date Returned: _____

Application No.: _____

Weed Spray Hire

Unit Type Booked: _____ Hire Date/s: _____

Date Returned: _____

Development Application Bond

Application No.: _____ Property Address: _____

Bond Type: _____

Other (please specify) _____

3. HOW PAYMENT WAS MADE (Please provide copy of receipt where possible)

Bpay* At Counter Online Bank Deposit

*Proof of payment MUST be attached showing the below information if paid with Bpay.

*This should include: Date paid, Amount paid, Reference number used for payment, Name of payee making the payment (if possible)

4. BANK ACCOUNT DETAILS (Cannot refund to a credit card number)

THE PAYEE NAMED ON THE RECEIPT MUST MATCH THE NAME OF THE ACCOUNT HOLDERS NAME DETAILED BELOW.

Bank Name: _____ Account Name*: _____

*This is the personal name/s or business name noted on the account, NOT the 'Account Type'.

BSB No.:

Account No.:

5. PAYEE AUTHORISATION DETAILS

I, (print name) _____, request to be refunded the amount of \$ _____ for the bond outlined in the information provided on this form. Please make the payment into my nominated bank account, the details of which have been provided above.

Signature: _____ Date: _____

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6. OFFICE USE ONLY

RELEASE DETAILS	<i>To be completed by staff authorising release of funds.</i>																				
Receipt No.: _____ Receipt Date: _____ Receipt Amount \$ _____ Copy of receipt to be provided with refund form.																					
Details of deductions for loss, damage or other charges to be deducted from bond. <table border="1" style="display: inline-table; width: 60%; height: 30px; vertical-align: top;"></table>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="text-align: center;">Refund Amount:</td> </tr> </table>	Refund Amount:																			
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Please receipt any charges deducted from bond refund to Account No.: <table border="1" style="display: inline-table; width: 60%; height: 20px; vertical-align: top; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
Requested by: _____ Signature: _____																					
Position: _____ Date: _____																					
Approved by: _____ Signature: _____ <small style="color: red;">Approved in accordance with No. AD127: Delegations Register – Administrative Delegations – CEO to Other Positions</small>																					
Position: _____ Date: _____																					

PAYMENT REQUEST DETAILS	<i>To be completed by Finance Staff.</i>
Creditor No.: _____ Details Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Document Reference: _____
Cost Code: 10.6.000.6012 _____	

LODGEMENT DETAILS

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| <p>IN PERSON ➤</p> <ul style="list-style-type: none"> Gladstone Office, 101 Goondoon Street Gladstone Calliope Office, 3 Don Cameron Drive Calliope Miriam Vale Office, 41 Blomfield Street Miriam Vale <p>POST ➤</p> <ul style="list-style-type: none"> Gladstone Regional Council PO BOX 29 GLADSTONE DC QLD 4680 | <ul style="list-style-type: none"> Boyne Tannum Community Centre, Cnr Wyndham and Hayes Avenues Boyne Island Agnes Water Rural Transaction Centre, 71 Springs Road Agnes Water Mount Lacom Rural Transaction Centre, 47 Raglan Street Mount Lacom <p>FAX ➤ (07) 4975 8500</p> <p>EMAIL ➤ info@gladstone.qld.gov.au</p> <p>PHONE ➤ If you have any questions please call (07) 4970 0700</p> |
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