DOUGLAS SHIRE COUNCIL

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25/26
AP01

Request for Refund of Security Bond or Deposit

Complete one form per bond refund. Bonds cannot be refunded to a credit card account.

The Name Of The Payment On The Receipt Must Match The Name Of The Account Into Which The Refund Is To Be Deposited.

SECTION1 - RECEIPT AND BOND DETAILS

Receipt No:

Receipt Date:

Amount:
$

Copy of Receipt Attached:
☐ Yes   ☐ No

Details of Bond/Deposit:

☐ Facility/Venue Hire/Pile Mooring   ☐ Hoarding, Gantry & Scaffolding   ☐ Water Connections/Fire Services

☐ Temporary Entertainment Event   ☐ Carry out work within a Road Reserve   ☐ Building Services

☐ Commercial Filming/Photography   ☐ Operational Works   ☐ Other: _____

Details (name of venue, location, type of activity etc):

Date of Use (if applicable)

SECTION 2 - APPLICANT DETAILS

Full Name or Company Name:

Contact Person:

Postal Address:

Business Phone:

Mobile:

Email:

SECTION3 - ACCOUNT DETAILS

Account Name:

BSB:

Account No:

Payee Authorisation:

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:**

OFFICE USE ONLY

RELEASE DETAILS (To be completed by staff authorising release of funds)

Trust Reg Category:

Trust Register No.

NAR:

InfoXpert Doc ID:

Details Confirmed:
☐ Yes   ☐ No

☐ Certificate of Completion received (if applicable).
☐ Site Inspection Completed and passed ☐ Yes   ☐ No (InfoXpert Doc ID of Site Inspection report: _____)

DEDUCTIONS

Details of deductions for loss, damage or other charges to be deducted from bond:

Deduction Description	Ex GST	GST	Total
Deduction Total:			

REFUND

Calculate refund due:

Description	Ex GST	GST	Total
Bond/Deposit Amount			
Less Deductions Total (above)			
Refund Total:			

GL Code for Refund:

REQUESTED BY:

Name:	Signature:	Position:	Date:

APPROVED BY:

Name:	Signature:	Position:	Date:

PAYMENT REQUEST ACTIONED (To be completed by Finance Staff)

☐ Details in form checked   ☐ Payment Processed

Process Date:

Receipt any charges deducted from bond refund to GL Code

PROCESSED BY:

Name:	Signature:	Position:	Date: