

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.

SECTION 1 - RECEIPT AND BOND DETAILS

Receipt No:

Receipt Date:

Amount:

Copy of Receipt Attached:

 Yes No

Details of Bond/Deposit:

- | | | |
|---|---|--|
| <input type="checkbox"/> Facility/Venue Hire/Pile Mooring | <input type="checkbox"/> Hoarding, Gantry & Scaffolding | <input type="checkbox"/> Water Connections/Fire Services |
| <input type="checkbox"/> Temporary Entertainment Event | <input type="checkbox"/> Carry out work within a Road Reserve | <input type="checkbox"/> Building Services |
| <input type="checkbox"/> Commercial Filming/Photography | <input type="checkbox"/> Operational Works | <input type="checkbox"/> 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:

SECTION 3 - 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:

Douglas Shire Council – Privacy Collection Notice:

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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: