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Customer Refund Request Form

Email:

For all applications, you must:

- complete the form;
- complete any other forms relevant to your application;
- provide any mandatory supporting information identified on the forms as

being required to accompany your application; and

• submit the applicable fee.

All persons on the account must sign the declaration below.

For corporations, an authorised person may sign on behalf of the entity.

SECTION 1 - CUSTOMER DETAILS				
Company/Individual Name:				
Trading Name of Business:				
ABN/ACN:	Email:			
Postal Address:				
Suburb:	State:	Pos	tcode:	
Contact Number Home:	Mobile:			
SECTION 2 - CUSTOMER BANK DETAILS				
Bank Name:	Branch:			
BSB:	Account Number	Account Number:		
Name/s on Account:				
the processing of your request:				
Original Payment Type: Credit Card:	: ☐ EFTPOS: □	Cheque:	Debtor Account:	
SECTION 4 - COUNCIL DEBTOR ACCOUN	IT DETAILS			
Name on Account:	Account No	Account Number:		
Type of Account (e.g. Trade Waste, Health et	c.):			
DECLARATION				
I correct and I consent to the making of enqu Commonwealth department in regards to a	uiries and exchange of information w	vith authorities of any	this application is true and Local, State/Territory or	
Applicant Signature:		Date:		
Douglas Shire Council – Privacy Collection Notice:	information in the course of performing the	activities functions and di	ution. We respect the privacy of the	

further information about how we manage your personal information please see our Information Privacy Policy.

personal information held by us. The way in which the council manages personal information is governed by the Information Privacy Act 2009 (Qld). We are collecting your personal information in accordance with the Local Government Act 2009 so that we can assess and finalise your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For