

Email: revenue@griffith.nsw.gov.au

Phone: (02) 6962 8466

# **Overpayment Refund Application**

**Rates and Water only** 

### **ABOUT THIS FORM**

This form is for the purpose of refunding overpayment of rates and charges. <u>Only the Property Owner may apply for Overpayment refund</u>. The refund will be processed only if the account is in credit. Processing a refund request may take up to 21 calendar days from the date Council receives a completed application form.

### HOW TO COMPLETE THIS FORM:

- 1. Ensure that all fields have been filled out correctly.
- 2. Please note that fields on this form that are marked with an \* are mandatory and must be completed before submitting the application.
- 3. All ratepayers must sign the form acknowledging the refund.

# Payment made to the wrong property

If this payment was meant for another property also owned by the applicant, please DO NOT COMPLETE THIS FORM. Send a written request via email to <a href="mailto:revenue@griffith.nsw.gov.au">revenue@griffith.nsw.gov.au</a> or the postal address listed at the bottom of this form, and provide the following information: Name, Address, Phone Number, Rates Assessment Number the payment went to, verification of payment details and Rates Assessment number of the property for which the payment was intended.

## **Disputed Payment**

If the applicant is in the process of disputing this payment with their Bank or Financial Institution, DO NOT COMPLETE THIS FORM. Griffith City Council cannot take action while the payment is under dispute. The applicant must refer back to their Bank or Financial Institution for action.

# PART 1 - APPLICANT DETAILS (RATEPAYER ONLY) I am the property Owner: (You cannot apply, only the property owner may apply for a refund) Owners Name: Postal Address: Telephone Number: Mobile Number: Email Address: PART 2 - REFUND INFORMATION Assessment Number: Property Address: Refund Amount: Reason refund is required



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# PART 3 - DETAILS OF REFUND

| PART 3-DE   | TAILS OF REPUND   |
|---|---|
| Refun   | d via direct deposit  |
| Banking Institu   | ution Name:   |
| BSB Number:   | Bank Account Number:  |
| Account Name  | e:  |
| Refun   | d via cheque  |
| Postal Addres   | s:  |
| PART 5 - CC   | NFIRMATION OF ORIGINAL RECEIPT  |
| Сору  | of receipt  |
| Сору  | of bank or credit card statement. Please remove credit card number from statement.  |
| Other   |   |
| PART 6 - AP   | PLICATION DECLARATION   |
|   | am the ratepayer and owner of the property mentioned in part 2 of this form and the information given on e and correct. ALL RATEPAYERS MUST SIGN APPLICATION FORM   |
| Signature:  |   |
| Date:   |   |
| *This informatio<br>consent, or as re<br>*Your informatio<br>*This form will b<br>Disposal Author<br>*You can acces | n is being collected to issue a refund; n is voluntarily required to process your request and will be not used for any other purpose without seeking your equired by law; on may comprise part of a public register related to this purpose; e retained in Council's Records Management System and disposed in accordance with the Local Government |
| OFFICE USE  | ONLY  |
| Processed by:   |   |
| Date processe   | d:  |
| Creditors Num   | her·  |