

Rates Refund Request Form

APPLICANT/RATEPAYER DETAILS (Nominate who is requesting refund/transfer)

Owner Authorised	Person (Authority viewed or attac	hed) Pre	evious owner (Evidence of Payment Attached)
Applicant Name(s):			
Postal Address:			
Contact Number:	Phone:		Mobile:
Email:			·
Note: Communication details	may be used to update Council'	s records	
PROPERTY INFORMATION (W	vhere credit is held)		
Account Number:			
Property Location:			
accounts. Refunds cannot b Date of Original Payment(s):	be issued to Credit Cards		nds Transfer to Cheque or Savings
Refund Requested Amount: PAYMENT DETAILS			
BANK ACCOUNT DETAILS	Cheque (Posted to the ab		EFT (please complete details below)
BANK ACCOUNT DETAILS	Account Name:	3SB:	Account No:
City of Darwin. Please allow 7 – 10 proof of payment or supporting do		ar and that all mat application. *** Rate ess your refund re	erial facts have been disclosed to The epayers may be required to provide quest.
refunding overpaid rates. The <i>Local</i> of information. We will only use your in consent or we are authorised or requ your request. Your personal informati	Government Act 2019 allows or authoris formation for the purpose described her uired by law to do so. If you choose no	es us to collect this re. It will not be use ot to provide us wit ur Privacy Statement	ct details. We collect this information for the purpose of personal information and you may seek access to this ed or disclosed in any other way unless we have your h your information we will be unable to complete t and the <i>Information Act 2002</i> (NT). Council's Privacy e at www.darwin.pt.gov.au

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