

Rates Refund Request Form

☐ Owner	☐ Authorised Person (Authority viewed or attached)		
Previous owner (Evidence of Payment Attached)			
A DDL IOANT/DATED	AVED D	ETAU O (Novele de colo le	
	AYER D	ETAILS (Nominate who is	requesting refund/transfer)
Applicant Name(s):			
Postal Address:			
Contact Number:	Phone:		Mobile:
Email:			
PROPERTY INFORM	MATION	(where credit is held)	
Account Number:			
Property Address:			
REASON FOR REFUND – ACCOUNTS MUST BE IN CREDIT TO ENABLE REFUND Settlement Incorrect Reference Used Credit Balance Over Payment REFUND DETAILS – Refunds are issued via Electronic Funds Transfer to Cheque or Savings			
accounts. Refunds cannot be issued to Credit Cards			
Date of Original Payment(s):			
Refund Requested Amount:			
Account Name:			
Bank:		BSB:	Account No:
I/We agree as follows: That the information provided here is true and correct in every particular and that all material facts have been disclosed to City of Darwin. Please allow 7-10 working days from the date of application. Rate payers may be required to provide proof of payment or supporting documentation for refund request processing.			
Signed:		Dated:	
City of Darwin only collects personal information that is required for, or related to, its functions and activities. If you do not provide City of Darwin with the requested information, we may be unable to complete this process. The information collected will be used and disclosed as outlined in our Privacy Policy, which is available on our website. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information			

City of Darwin, Civic Centre, Harry Chan Avenue, Darwin NT (GPO Box 84, Darwin NT 0801)
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as described in our Privacy Policy. You have a right to access and correct any information about you. If you require access to, or have concerns regarding your information, please contact the Information Officer on (08) 8930 0300 or via

email darwin@darwin.nt.gov.au