

Refund Application

This form is for the purpose of refunding your payment which has been made to the Alpine Shire Council.

Refunds can be made for the following transactions:

- Overpayment of rates, animal registration, fees
- Transfer of rates payment, or animal registration payment to the correct account

Processing a refund request may take up to 14 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 marked with an * are mandatory and must be completed before submitting the application.

Part A: Applicant Details	
Given Name: *	
Last Name: *	
Business Name:	
Mailing Address: *	
Contact Number: *	
Email Address: *	

Part B: Payment Information		
Date of Payment: *	What is the refund for? (e.g., paid rates for wrong property, overpayment for animal registration, please explain) *	Amount Paid: *
Rates Property Number – as shown on Rates Notice (This field must be completed if applying for a <u>rates refund</u>): *		

Please see next page

Part C: Details for Direct Deposit of Refund – Cheque or Savings Accounts Only	
Banking Institution Name: *	
Account Name: *	
Account Number: *	
BSB: *	

Part D: Original Payment Verification Check	
To verify the applicant and method of payment, one of the below documents is required. Please note, your application will not be processed if one of these documents is not provided with this application. *	
	Copy of Receipt
	Copy of Credit Card Statement or Bank Statement (remove credit card details)

Part E: Privacy Statement		
Your personal information is being collected by the Alpine Shire Council for the purpose of assessing whether you are entitled to a refund. Your information will be assessed by Council Staff and will be stored in Councils Database.		
Application Declaration		
I declare that the information provided on this form is true and correct. I agree with the terms and conditions associated with the refund process.		
Applicant Full Name: *	Applicant Signature: *	Date: *

Once you have completed this form, please email to info@alpineshire.vic.gov.au or post to PO Box 139, Bright, Victoria, 3741.
 If you are having difficulty completing this form, you may call our Customer Service Team on (03) 5755 0555.