

COUNCIL WORKS REFUND REQUEST

PO Box 467, Morley WA 6943
Ph: (08) 9272 0908 Fax: (08) 9272 0665 e-mail: mail@bayswater.wa.gov.au



Attention: Verge Bond / Crossover Officer

Date: _____

The City is currently holding pre-payment for crossover/reinstatement works for

Address: _____

These funds were paid to the City to meet

- subdivision clearance conditions in relation to crossover construction
- subdivision clearance conditions in relation to verge reinstatement works
- verge reinstatement works in relation to damage caused during demolition/building construction

I confirm that these works were carried out by a Private Contractor to Council requirements and therefore as the current property owner of the above address, I hereby request these funds to be refunded.

Name of contractor who carried out works: _____

OWNERS DETAILS

Owners Name: _____

Email address: _____

Postal address: _____

Contact number: _____ h/w _____ mob _____

BANK DETAILS

Name of Financial Institution: _____

Branch: _____ Account Name: _____

BSB (6 digits) : _____ - _____ Account number: _____

CONDITIONS OF CONSENT

I hereby declare that I am the owner of the abovementioned property.

I understand that the refund will be paid by Electronic Funds Transfer (EFT - payment made directly to the depositor's bank account).

The authorised representative whose name and signature appears below warrants that the financial institution account details so provided are not false and comply with all applicable laws.

The authorised representative is responsible for the accuracy of the particulars above.

The authorised representative is responsible for advising the City of Bayswater (COB) in writing of any changes in the particulars above. Upon receipt of such notification, COB will amend its records accordingly.

COB will accept the authority of the Authorised Representative as conclusive evidence of that person's authority to sign this consent. COB is under no obligation to verify that authority or any of the details provided above but may do so if it chooses.

COB will use all reasonable measures to maintain the confidentiality of the information provided. The authorised representative acknowledges that details will be available to COB staff or other individuals carrying out their normal duties in processing invoices/accounts for payment on behalf of COB.

While the preferred method of payment is EFT, the authorised representative acknowledges that payment may still be made by other if circumstances require.

By signing this form, the authorised representative acknowledges his or her responsibilities under the conditions of this consent form.

Name: _____ Signed: _____

OFFICE USE ONLY

Council Works Quotation Reference: **W** _____ Receipt number: _____ Amount: \$ _____

Name of Engineering Officer: _____ Date: _____