



Verge Bond Refund Request

61 Broun Avenue, Morley WA 6062 | P: 9272 0622 | F: 9272 0665 | mail@bayswater.wa.gov.au | www.bayswater.wa.gov.au

Return this form via email: mail@bayswater.wa.gov.au, or post to City of Bayswater, PO Box 467, Morley WA 6943

Attention: Verge Bond/Crossover Officer

Date: _____

Please tick relevant box below.

- I advise that all works (including the installation of the internal driveway and crossover where applicable) have now been completed and I / we hereby request the return of the verge bond.
- I advise that the works relating the verge bond held by Council are still in progress and the expected completion date is _____.

The address of the property to be inspected is: _____

Payment Details			
Bond paid by (<i>print name</i>):			
Email address:			
Postal Address:			
Contact Number:	Home or Work:		Mobile:
Verge Bond No. (<i>if known</i>)	VER _____		
Date paid and receipt number (<i>if known</i>)			
Bank Details			
Name of Financial Institution:			
Branch:			
Account Name:			
BSB (six digits):			
Account Number:			

CONDITIONS OF CONSENT

- I understand that the bond refund will be paid by Electronic Funds Transfer (EFT - payment made directly to the depositor's bank account) to the person or company who paid the deposit to Council.
- 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 ('the City') in writing of any changes in the particulars above. Upon receipt of such notification, the City will amend its records accordingly.
- The City will accept the authority of the Authorised Representative as conclusive evidence of that person's authority to sign this consent. The City is under no obligation to verify that authority or any of the details provided above but may do so if it chooses.
- The City will use all reasonable measures to maintain the confidentiality of the information provided. The authorised representative acknowledges that details will be available to the City's staff or other individuals carrying out their normal duties in processing invoices/accounts for payment on behalf of the City. 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.

Signature: _____

Date: _____