

Request for Bond Refund Application

Applicant De	tails						
Title	Surname		Given Names				
Company Name	•						
Postal Address							
Suburb			State		Postcode		
Home Phone		Work Phone		Mobile			
Fax		Email Address					
Property Des	cription (of land	d on which the bond	was set)				
Lot Number		Plan Reference Number (RP, SP)					
Building Permit	Reference Number	er					
Site Address							
Bond Payme	nt Details						
Receipt Number	r	Date Paid	Amount Requested \$				
Inspection Stage	e Footing	Frame Final	(Please attach inspec	ction certifi	cate if privat	ely certified)	
Bank Accoun	t Details <i>(for dir</i>	ect credit transfer)					
Bank Name			BSB Number				
Account Name			Account Number				
Email Address f	or Remittance						
		he amount request			to the Lock	yer Valley	
Signature				Date			

Privacy Statement

These details will only be used for the purpose for which they have been collected and will not be used for any other purpose. We will not disclose the information you provide outside of Council unless we are required by law or you have given your consent. To the fullest extent allowed by law Council, its officers and employees will not be liable for any claims in respect of any loss arising out of, or in connection with, the use of any of the supplied information.