

Form – Refund/ Transfer Request

Please complete this application in BLOCK LETTERS and tick or fill in boxes where applicable. If a question does not apply, please indicate 'n/a'.

Complete one form for each property showing a credit balance. Applicants must be registered as the property owner.

Section 1 - Applicant Details

Title (Mr) (Mrs) (Ms) (Miss) Surname		Given Names	
Title (Mr) (Mrs) (Ms) (Miss) Surname		Given Names	
Company Name	Email (must provide)		
Postal Address	Postcode		
Phone (H)	Phone (W)	Phone (M)	

Section 2 – Transfer from

Rate/Water Assessment #			
Property Address			
Lot #		Registered Plan	

Section 3 – Transfer to

I/We request a transfer of the credit amount of \$ _____ held against my/our property/s to the following

Rate/ Water Assessment #	Property Address	Amount \$

Section 4 – Refund from

Rate/Water Assessment #	Lot #	Registered Plan
Property Address		
I/We request a transfer of the credit amount of	\$ _____	Held against my/our property/s
Account details for EFT refund		
Account Name	BSB	Account #

Correspondence: Chief Executive Officer, Whitsunday Regional Council, PO Box 104, Proserpine, QLD 4800
 P: 1300 WRC QLD (1300 972 753) F: (07) 4945 0222 E: info@whitsundayrc.qld.gov.au www.whitsundayrc.qld.gov.au

Bowen
Cnr Herbert & Powell Streets
Bowen QLD 4805

Proserpine
83-85 Main Street
Proserpine QLD 4800

Collinsville
Cnr Stanley & Conway Streets
Collinsville QLD 4804

Cannonvale
Shop 23, Whitsunday Plaza
Shute Harbour Road, Cannonvale QLD 4802

Refund/ Transfer Request

Complete this section for both refunds and transfers

Section 5 – Payment Details (proof of payment must be given in order that a refund/transfer is processed)

Details of how original payment was made (e.g. BPAY, Auspost, Phone etc.)		Payment Date	
Proof of Payment (e.g. BPAY/Phone/Receipt # etc.)			
And/or Copy of Bank Statement attached	Yes___ No___	And/or Copy of Receipt attached	Yes___ No___

Signature of all registered property owner/s is required

Applicant/s signature		Date	
Applicant/s signature		Date	

Checklist for completion

Have you provided proof of payment with your request	Yes___ No___	Have all property owners signed the form	Yes___ No___
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* **Please allow two (2) weeks for this Refund Request to be processed.**

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