

## 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 (complete this section if you are transferring funds between Assessments)

Rate/Water Assessment #			
Property Address			
Lot #		Registered Plan	

#### 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 3 – Refund (complete this section if you are requesting a refund of monies)

Rate/Water Assessment #		Lot #		Registered Plan	
Property Address					
I/We request a refund 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 4 – 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 ___
---	----------------	---	----------------

\* **Please allow two (2) weeks for this Refund Request to be processed.**

**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](mailto: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