

APPLICATION FOR REFUND OF OVERPAID RATES

Payee Name: _____

Property Address: _____

To Be Collected YES NO

File No:
File Ref:
Rates Transaction No:
Cheque No:

Payee Name: _____
(If different from above)

Postal Address: _____
(If different from above)

Payee Telephone Number: _____

ID Sighted By: _____ ID Type: _____

I would like to be paid:

by **Cash Cheque** i.e. "Please Pay Cash" (ID to be produced) **(not by mail)**

by **Not Negotiable Cheque** (in the name of the ratepayer)

Gross amount from rates payable: \$ _____

Less Admin Fee of \$5.00 \$ _____
(If applicable i.e. refund under \$100.00)

Net amount payable by cheque: \$

I UNDERSTAND THAT A CHEQUE WILL BE AVAILABLE WITHIN FIVE WORKING DAYS

Privacy Statement

The information provided on this form will be used to identify the person seeking a rates refund and to correctly calculate and issue a rates refund. Staff having direct access to this information include Customer Services, Accounting and Rates staff.

Under the Privacy Act 1993, you have a right of access to your personal information held by the Kawerau District Council and you are entitled to request that your personal information be correct.

I confirm the above information is correct and consent to its use in the manner outlined in the Privacy Statement.

Signature: _____

Date: _____

OFFICE USE ONLY

Roll Reference: _____ Current Balance: _____

Checked By: _____ Rate Arrears Officer: _____

Is Value under \$100.00: *Yes / No* Is Credit Note required: *Yes / No*

If "Yes" Credit Note No: _____ Refund Due Date: _____

I ACKNOWLEDGE RECEIPT OF \$ _____ SIGNATURE: _____