



APPLICATION FOR REFUND OF OVERPAID RATES

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|-----------------------|
| File No: |
| File Ref: |
| Rates Transaction No: |

Owner Name: _____

Property Address: _____

Payee Name: _____
(If different from above)

Postal Address: _____
(If different from above)

Payee Telephone Number: _____ Email: _____
(Please provide a phone number)

ID Sighted By: _____ ID Type: _____

DIRECT CREDIT REFUND

Payment will be made into the account from which automatic payments are received.

*** NB: if you would like payment to be paid to a different bank account, please provide account details – deposit slip is preferred (attach to application)**

Rates are an ongoing cost, as such Council recommends ratepayers make regular automatic payments to lessen their financial burden.

We would encourage ratepayers prior, to requesting a refund of \$100.00 or less to consider if their rates account will be cleared by the next due date.

The due dates for the Rating year are stated on our rates notices.

Gross amount from rates payable: \$ _____

Net amount payable \$

Signature: _____ Date: _____

Council will contact you by phone or email once your refund has been processed

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.

OFFICE USE ONLY

Roll Reference: _____ Current Balance: _____

Checked By: _____ Rate Arrears Officer: _____

Please attach statement of rates account in credit