

Damage Deposit / Bond Refund Request Form

NOTES TO APPLICANT

- Fields marked with an * are mandatory.
- This process may take up to 6 weeks from Council receiving this form.
- Refund of the bond is subject to Council's approval after inspection of assets (completion of this form does not guarantee refund of the bond).
- Bond refund can only be paid by Electronic Funds Transfer (EFT) and cannot be paid to credit card accounts or to card numbers.

SECTION A: SITE ADDRESS

***Street Address of Works:**

Tick here if works did not commence

***Suburb:**

Postcode:

***Application Reference Number:**

***Type of Bond Paid:** DA/CC/CDC Driveway Stormwater

SECTION B: BOND & BOND PAYER DETAILS

**If you require bond receipt details, contact Council Customer Service for information.
All bond payer/s as listed on Council's receipt must complete and sign this form.**

*** Receipt Number:**

***State the bond payer(s) exactly as shown on Council's receipt:**

***Name of bond payer 1 or Company** (as stated on Council's receipt):

Name of bond payer 2 if applicable (as stated on Council's receipt):

ABN/ACN (if applicable):

***Postal address:**

Postal address (if different to bond payer 1):

***Contact phone no.:**

Contact phone no. (if different to bond payer 1):

***Email address:**

Email address (if different to bond payer 1):

SECTION C: BANK ACCOUNT DETAILS FOR REFUND

Bond refund will only be paid to an account matching the same name as the bond payer(s) reflected on the Damage Deposit/Bond Receipt provided by Council (to negate any possible third-party disputes), unless Section D of this form is completed.

***Account Name:**

***Name of Banking Institution:**

***BSB:**

***Account Number:**

SECTION D: If you provided bank account details that do not match all bond payers' names as per Council receipt, (including paying to bank account of only one of the joint bond payers), provide additional information:

***Is the bank account holder** (tick relevant):

one of the joint bond payers

prior or current property owner of the address listed in Section A.

other, please describe _____

***For Council to verify authorisation** (tick and attach relevant):

all bond payers (including company director) to provide signature ID (e.g. driver's licence).

company bond payers to also attach ASIC extract listing company director/s. Note if this is not provided, fees will apply for Council to undertake a company search (per Council's current Fees and Charges Schedule).

Information other than name, signature, and company name can be redacted (blacked out) on copies of documents.

SECTION E: APPLICANT DECLARATION

By submitting this form, you/the company declare that:

- The information provided above is true and correct, and agree to indemnify Georges River Council against any loss or damage suffered if the details provided are incorrect (it is an offence to make a false or misleading statement when making a claim for refund of bond money).
- You/the company authorise Georges River Council to deposit the approved bond refund into the account details provided on this form by electronic funds transfer (EFT) and understand if incorrect account details are provided it may not be possible to recover funds from an unintended recipient;
- If the applicant is a company, you warrant that you are a director or authorised representative authorised to complete and submit this form on behalf of that company; and
- You understand:
 - refund of the bond is subject to Council's approval after inspection of assets (completion of this form does not guarantee refund of the bond);
 - an incomplete form may result in the delay of the refund.

Bond Payer 1 or Company Authorised Representative/Director

Note: Only company director(s) can complete this form to authorise payments into an account not matching the company name.

***Name:**

*Please sign here: Signature must match ID if provided	*Date:
For companies, also state:	Title of Authorised Representative/Director:
	Company Name:

Bond Payer 2 (if applicable)

***Name:**

*Please sign here: Signature must match ID if provided	*Date:
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HOW TO SUBMIT FORM:

- Email to mail@georgesriver.nsw.gov.au; OR
- Printed form can be submitted in person at Hurstville Service Centre or posted to Georges River Council, PO Box 205, Hurstville NSW 1481.

Privacy Disclaimer
 Your personal information is being collected by Council in accordance with applicable legislation. The provision of your personal information is voluntary, however the information assists Council in the delivery and management of the subject request, and / or as required by law. Your personal information will be used and disclosed for the Council's purposes, or a directly related purpose, unless you consent to another use or disclosure, in emergencies or as otherwise required or authorised by law.
 Should you wish to access or amend your personal information please make a written request to Council by Post: PO Box 205, Hurstville BC NSW 1481 Email: mail@georgesriver.nsw.gov.au For more information please refer to [Council's Privacy Management Plan](#).

