|  |  |  |
| --- | --- | --- |
| Applicant Name: | | |
| Organisation Name: | | |
| Postal Address: | | Phone: |
| For Direct Deposit into your Bank Account:  Bank Name & Branch: | | |
| BSB No: | Account No: | |
| Account Name: | | |
| Email address: | | Signature of Applicant: |

## *The Refund application must be completed by person/organisation that lodged the original bond with the Shire of Serpentine Jarrahdale.*

## Bus Bond Refund

|  |  |  |
| --- | --- | --- |
| Date of Hire: | Date Paid: | Amount: |
| Name of Hirer on Application: | | Receipt Number: |
| Key Returned Date: | | Key Returned: Shire Officers Signature: |

## Facility Hire/Key Bond Refund

|  |  |  |
| --- | --- | --- |
| Name of Facility/Reserve: | | |
| Date of Hire: | Date Paid: | Amount: |
| Name of Hirer on Application: | | Receipt Number: |
| Key Returned Date: | | Key returned: Shire Officers Signature: |

## *The bond will be refunded within 15 working days, to the individual/Organisation that made the original bond payment, otherwise written confirmation will be required from the original payee*.

## OFFICE USE ONLY

|  |  |
| --- | --- |
| G/L Account No:  (where income was receipted) | Authorising Officer – Delegation No: 1.1.18  **Signed:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Helen Sarcich**  Deputy CEO/Director Community Services  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Receipt: |
| Receipt No: |
| TRIM Ref No: |
| Please attach supporting Documents | Comments: |