

## **Infrastructure Refund / Payment Request Form**

This form must be completed by the <u>original payer as per the receipt issued by the Town</u>. If this refund is to be returned to another person, then authorisation from the original payer or entity must be attached in writing to enable the Town to process the request for payment. Please ensure all relevant details and receipts are provided to ensure there is no delay in processing.

CREDITOR DETAILS					
Name:					
Contact Name:					
Address:					
Phone Number:					
Email:					
ABN:					
GST Registered:		Yes 🗆 No 🗆			
BANKING DETAILS					
Financial Institution Name:					
Branch Name:					
Account Name:					
BSB Number:					
Account Number:					
PAYMENT DETAILS					
	nfrastructure Security Address of Development:	\$			
A	Stormwater Drainage Address of Development: Approval Reference Number	\$			
	Other Please provide details:				

Total: \$

Applicant Signature:	
Date:	



## OFFICE USE ONLY

GL / Trust Number:	\$				
GL / Trust Number:	\$				
	GST (if applicable)	\$			
	TOTAL	\$			
Onsite inspection carried o	Yes 🗆 No 🗆				
Satisfied conditions are me	Yes 🗆 No 🗆				
Attached (please select where applicable)					
Supporting Documentation	Yes 🗆 No 🗆				
Statement by Supplier (if n	Yes 🗆 No 🗆				
Mail out with supporting do	Yes 🗆 No 🗆				
Inspection					
Inspected by:					
Signature:					
Manager Authorisation					
Manager Name:					
Signature:					
Date:					

## Please return completed form to mail@bassendean.wa.gov.au

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