



DETAILS OF APPLICANT

COMPANY/GROUP:

GIVEN NAMES:

LAST NAME:

CONTACT NUMBER:

EMAIL ADDRESS:

ADDRESS:

DATE:

Request the refund of \$ _____ for the hire of facility on ____ / ____ / ____

Please note: The shire of Waroona's preferred method of payment is by direct debit to the recipient's bank. Please complete the details below to receive your payment. If left blank a cheque shall be produced and sent to the above address.

Please allow up to 14 days for the return of bond payments following confirmation from our maintenance / cleaning staff that the venue has been left clean, and no damage has occurred. In the case of a bond deduction being necessary following the event, the Shire of Waroona will advise prior to deducting the amount from the bond deposit. Should the Shire of Waroona determine a claim for recovery costs that is greater than the bond amount, an invoice will be raised for the balance of funds.

ACCOUNT NAME:

BANK NAME:

BSB:

ACCOUNT NUMBER:

DATE:

SIGNATURE:

OFFICE USE ONLY- BOND INSPECTION

Approved Declined

SIGNED:

DATE:

NOTES:

OFFICE USE ONLY

CREDITOR CODE:

RECEIPT NUMBER:

BOOKING NUMBER:

RECEIPT DATE:

FINANCE USE ONLY

AUTHORISED BY:

FUND:

TRUST ACCOUNT

POSITION:

PAYMENT DATE:

ACCOUNT NUMBER: