

# Rates / Water Credit Refund Request Form



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**Privacy Notice:** Council deals with your personal information in accordance with law, including the *Information Privacy Act 2009*

## Applicant Details

Property Owner:	
Postal Address:	
Email:	
Contact Phone:	

## Property Information

Street No. and name:	
Suburb:	
Rates Assessment Number:	
Water Assessment Number:	

## Refund Details

Amount to be refunded:	\$
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## Bank Details

Account Name:	Bank Name:
BSB:	Account Number:

## Declaration

**CLICK HERE TO  
SUBMIT**

Ratepayer 1:	Signature 1:	Date: / /
Ratepayer 2:	Signature 2:	Date: / /

## I/WE AGREE AS FOLLOWS:

That the information provided herein is true and correct in every particular and that all material facts have been disclosed to Livingstone Shire Council. Must be signed by all ratepayers. Please allow 14 working days from the date of lodgement.

## Additional information and supporting documentation

- A customer's account must be in credit in order to be eligible to received a refund.
- An administration fee for the processing of refunds is applied to cover the costs associated with facilitation these types of transactions. Council will permit one (1) per annum and will allow for one-off adjustments or accidental payments. See Council's adopted fees and charges schedule each year for applicable charges.
- For payments made after a rates search has been sourced, written confirmation from both solicitors will be required that these amounts refunded will not be adjusted at settlement.
- Refund requests to incorrect assessments or to a property you do not own or no longer own will be required to provide relevant supporting evidence of the payment.
- Ratepayers will be required to provide proof of payment or supporting documentation to enable Council to process your refund request and payments will be made to the ratepayer/owner unless all evidence is received.
- Supporting documentation is a copy of bank statement showing the payment, including your name(s), bank account details and address information or a copy of your receipt.

**OFFICE  
USE ONLY**

Date received:	Date processed:	Date sent to AP:
Approved:	CSO:	Rates officer: