RATES REFUND REQUEST

Please complete and sign this request and return via:

* Email: [info@sop.wa.gov.au](mailto:info@sop.wa.gov.au)
* Post: Shire of Plantagenet PO Box 48, MOUNT BARKER WA, 6324
* In person: 22-24 Lowood Road, Mount Barker

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | . | | |
| Assessment No.: | . | | |
| Street Address: | . | | |
| Postal Address: | . | | |
| Telephone No.: | . | Mobile No.: | . |
| Email Address: | . | | |
| Signature: | . | Date: | . / . / . |

Please pay my Rates Refund into the following bank account.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Account: | . | | |
| Name of Bank: | . | | |
| BSB: | . | Account Number: | . |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | |
| Officer’s Name: |  | Officer’s Signature: |  |
| Approved by: |  | Approval Signature: |  |
| N & A Code: |  |  |  |
| Creditor No.: |  | Date Updated: | / / |