

REQUEST FOR BOAT RAMP REFUND

RECORD NO :

FILE NO : 7.1.1

APPLICANT			
NAME		ABN (If applicable)	
ADDRESS		POSTAL	
MOBILE PHONE		ALTERNATE NUMBER	
EMAIL			

DETAILS			
REFUND METHOD	☐ BANK TRANSFER ☐ EFTPOS		
TICKET TYPE	☐ ANNUAL ☐ COMMERCIAL ☐ 3 MONTHS Date purchased: _____		
PERMIT NUMBER			
REFUND AMOUNT	\$ _____	GST	☐ YES ☐ NO
BANK NAME		ACCOUNT HOLDER	
BSB		ACCOUNT NUMBER	

☐ BOAT RAMP TICKET RETURNED

☐ EVIDENCE PROVIDED

REMITTANCE ADVICE (If not refunded via EFTPOS)	
EMAIL	
REFERENCE (E.g. CCC, Council payment etc.)	

DECLARATION	
I declare that the information I have provided is true and correct.	
SIGNATURE	DATE

OFFICE USE ONLY			
COPIES PROVIDED	☐ YES ☐ NO	AMOUNT	
AUTHORISED OFFICER		DATE	
		RECEIPT NO	