

## SECURITY DEPOSIT / CROSSOVER REFUND REQUEST

### SECURITY DEPOSIT

AMOUNT \$ \_\_\_\_\_ TRUST NUMBER \_\_\_\_\_

Building Licence Number \_\_\_\_\_

- Residential/Commercial Premises
- Additions (ie: patio, carport, extensions)
- Demolition
- Swimming Pool/Spa
- Cancellation
- Other \_\_\_\_\_

### CROSSOVER REFUND

AMOUNT \$ \_\_\_\_\_ ESTIMATE NUMBER \_\_\_\_\_

### PROPERTY ADDRESS

UNIT \_\_\_\_\_ HOUSE \_\_\_\_\_ LOT \_\_\_\_\_

STREET NAME \_\_\_\_\_

SUBURB \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

I, \_\_\_\_\_ confirm that the works at the above address have been completed and request, subject to Council approval, the refund of the Security Deposit and/or Crossover Refund to;

NAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

*I understand that any refunds due can only be made by Council to the person/s who paid these cost unless specific written instruction is received by this person/s permitting the refund to another person/s. It is in my best interest to ascertain who paid this account prior to requesting Council to refund bond and/or crossover costs to expedite the refund process. I am aware that crossovers require inspections at the base/formwork stage and once completed and ready for refund. Crossover refunds are subject to **both** of these inspections meeting Council's crossover requirements. Any refund may take up to four weeks to process.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_