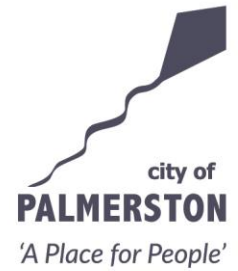


# RATES REFUND REQUEST



OWNERS DETAILS	
Owners name(s):	
Postal Address:	
Phone Number	
Date Requested	
Assessment Number:	
Property Address:	

REASON FOR REFUND (PLEASE INDICATE BELOW AND ATTACH PROOF OF PAYMENT)
Owners Signature:

EFT TRANSACTION DETAILS	
Total of Refund:	\$
BSB:	Account:
Account Name:	

OFFICE USE ONLY	
Approval Number:	Cost Code:5520
Signature	Date:
Delegating Officer in Finance/Rates	
Signature:	Date:

Completed Form to be returned to [rates@palmerston.nt.gov.au](mailto:rates@palmerston.nt.gov.au)

