

Name: _____

Postal Address: _____

Contact Number: _____

Date Requested: _____

Assessment Number: _____

Property Address: _____

Reason for refund *(please indicate below and attach proof of payment)*: _____

Property Owner(s)' Signature: _____

TOTAL \$ _____

EFT Transaction Details: _____

BSB: _____ Account Number: _____

Account Name: _____

OFFICE USE ONLY

COST CODE: 5520

Approval Number: _____ Rates Officer: _____

Signature: _____ Date: _____

Delegating Officer in Finance: _____

Signature: _____ Date: _____

Completed Form to be returned to rates@palmerston.nt.gov.au

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