



## RATES REFUND REQUEST APPLICATION

Name:

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Postal Address:

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Contact Number:

Email:

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Date Requested:

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Assessment Number:

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Property Address:

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Reason for Refund (*account must be in credit to enable refund*) Tick applicable option below:

Settlement

Incorrect Reference Used

Overpayment

Property Owner(s)' Signature:

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Total \$

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EFT Transaction Details:

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BSB:

Account Number:

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Account Name:

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### OFFICE USE ONLY

AP/ NAR number:

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Rates Officer Signature:

Date:

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Finance Officer Signature:

Date:

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