

REFUND

NAME: _____

POSTAL ADDRESS: _____

CONTACT PHONE NUMBER: _____

RATES ASSESSMENT NO: _____

Date _____

Manager Financial Services
New Plymouth District Council
Private Bag 2025
NEW PLYMOUTH

Dear Sir

I have a credit balance on my rates account and I wish to request a refund of \$ _____

Please deposit direct to my bank account with the _____

Yours faithfully

ID Sighted (Specify): _____
Signature Verified By: _____
Date: _____