



District Council of Cooper Pedy

“Opal Capital of the world”

PO BOX 425 COOPER PEDY SA 5723

COUNCIL OFFICE (08) 8672 4600

E-Mail: dccp@cpccouncil.sa.gov.au

Request for Refund

Only the account holder may request a refund.

A refund is not available when the account holder has other outstanding accounts with Council.

Account holder details:

Family Name: _____ Given Name(s): _____

Business / Other Names: _____

Home Phone #: _____

Email: _____ Mobile #: _____

Refund Details:

Refund from the following accounts:

	Account Number/Assessment Number		Amount
Electricity	_____	\$	_____
Water	_____	\$	_____
Rates	_____	\$	_____
Sundry / Other	_____	\$	_____
Child Care	_____		_____
	Total:	\$	_____

Account Holder Signature

Account Holder Signature

Council Officer to check before processing refund:

- Customer does not have any other outstanding accounts with the Council.
- Customer known to me; or I have sighted an identification

Checked by

Approved by

I _____ have received a refund of \$ _____ as requested above.

Account holder signature

Date

Issuing Officer signature

Date

Office Use Only:

Date Received: ____ / ____ / ____

In Person

Email

Post