



District Council of Coober Pedy

“Opal Capital of the world”

PO BOX 425 COOBER PEDY SA 5723

COUNCIL OFFICE (08) 8672 4600

FAX (08) 8672 5699

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

Request for Refund

Only the Account holder may request for a refund from an account

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: _____

Your Date of Birth: ___ / ___ / ___ Home Phone #: _____

Email: _____ Mobile #: _____

Refund Details:

Refund from the following accounts:

	Account		Amount
Electricity	_____	\$	_____
Water	_____	\$	_____
Rates	_____	\$	_____
Sundry / Other	_____	\$	_____
	Total:	\$	_____

Please select how you would like to receive your cheque:

Please make cheque payable to myself and I will pick it up from the District Council of Coober Pedy

Please make cheque payable to myself, post to: _____

Deposit into my bank account:

BSB: _____ Account No: _____

Email _____
(for Remittance Advice)

Account holder Signature

Account holder Signature

I _____ have received my cheque of \$ _____ as requested above from the District Council of Coober Pedy on ___ / ___ / ___ .

Account holder signature

Issuing Officer signature

Office Use Only:

Date Received: ___ / ___ / ___

In Person

Email

Post

(please circle)

Assessment #: _____ Electricity Account: _____ Water Account: _____

Sundry Debtors #: _____ Childcare: _____ Referred to: _____

Updated by: _____

Date: _____