

# Customer Refund Request Form



START SAFE  
WORK SAFE  
HOME SAFE

OFFICIAL

Please complete all information below:

## Customer Information

South Gippsland Water  
Account No:

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Customer Name:

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Property Address:

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Postal Address:

(if different to property address)

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Email Address:

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Phone Number:

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Amount to be refunded: \$

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Reason for request:

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**Proof of payment & bank statement attached:**

(if unable to provide, please contact our Customer Service Team 1300 851 636)

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## Bank Details

Account Name:

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BSB:

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Account No:

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## Authorisation

I acknowledge that my refund request:

- May receive an administration fee for a second refund request in the same year;
- May take two to three weeks to be processed once received;
- Requires South Gippsland Water to contact me for proof of identity and cross check of information, prior to processing this refund.

Customer Signature:

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Date:

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Please return this completed form with requested attachments to:

[sgwater@sgwater.com.au](mailto:sgwater@sgwater.com.au) OR  
PO BOX 102 FOSTER VIC 3960