Customer Refund Request Form

OFFICIAL

Please complete all information below:

Customer Information

South Gippsland Water Account No: _____

Customer Name: _____

Property Address: _____

_____

Postal Address: (if different to property address) _____

_____

Email Address: _____

Phone Number: _____

Amount to be refunded: $ _____

Reason for request: _____

Proof of payment & bank statement header attached: _____
(Refund will not be processed without this documentation)

Bank Details

Account Name: _____

BSB: _____

Account No: _____

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: _____

Date: _____

Please return this completed form with requested attachments to:
sgwater@sgwater.com.au *OR*
PO BOX 102 FOSTER VIC 3960