

# 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 attached:**

*(a refund cannot be provided without these attachments)*

## 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:

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