



Te Kaunihera-ā-Rohe o Ngāmotu

New Plymouth
District Council



FORM

Rates/water
refund application

Property details

Property identification
number

Water account
number

Property address

Owner/applicant details

Owner details

First name(s)

Surname

Applicant details
(if different to above)

First name(s)

Surname

Postal address

Contact phone

Contact email

Application details

I have a credit balance on my rates / water account and I wish to request a refund of

\$

Please deposit this directly to my bank account:

Account name

Bank name

Bank account number

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Applicant's signature

Name of applicant

Signature of applicant

Date

OFFICE USE ONLY

Date received

Refund
authorised

ID sighted

Refund
actioned

Signature
verified