



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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Confirmation of bank account details (e.g., a bank statement or phone screenshot) must be provided unless payments were made by direct debit/credit, in which case any refund will be paid to the bank account held on file.

Applicant's signature

Name of applicant

Signature of applicant

Date

OFFICE USE ONLY

Date received

Refund
authorised

ID sighted
Bank account
details provided/
sighted

Signature
verified
Refund
actioned