

TRIM Reference:

## RATES REIMBURSEMENT

## **APPLICANTS DETAILS**

Name:	
Address:	
Phone Number:	Mobile Number:
Email Address:	_
PROPERTY REQUEST RELATES TO	
Assessment No:	Lot Number:
Address:	
BANK ACCOUNT DETAILS	
Name:	
Account Name:	
BSB Details:	Account Number:
Remittance Advice: Yes No	If you require a remittance advice, please reconfirm your email address.
Email Address:	
REASON FOR REIMBURSEMENT	
Description:	

Reimbursement Amount:

\$

## **REQUIRED DOCUMENTATION**

Proof of payment is required – if applicable. Please attach a copy of your receipt or a bank statement with this form.

Signature:	Date:
	Po Box 101 Geraldton WA 6531 Geraldton Civic Centre T 08 9956 6600 F 08 9956 6674 Mullewa Office T 08 9956 6643 F 08 9961 1206 E council@cgg.wa.gov.au W www.cgg.wa.gov.au ABN 55 907 677 173

OFFICE USE		
Processed: Notes:	Yes	□ No
Officer Initials:		Date: