



Sanitary Product Rebate Application

Please complete the following information and return it by email to waste.enquiry@vincent.wa.gov.au.
Alternatively present in person or post to

City of Vincent Administration Building 244 Vincent Street LEEDERVILLE WA 6007	City of Vincent PO Box 82 LEEDERVILLE WA 6902
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Name:	
Residential Address:	
Telephone number:	
Email:	

Date of purchase:	_____
Total amount spent on Reusable Sanitary Products (inc GST) (Do not include postage)	\$ _____
Bank Details	Account Name _____ BSB _____ - _____ Account No _____
Declaration	
<input type="checkbox"/> I reside full-time in the City of Vincent <input type="checkbox"/> I have attached a copy of my Driver's Licence, recent rates notice or utility bill (within 3 months) <input type="checkbox"/> I have attached the itemised receipt of purchase, dated within the past 12 months <input type="checkbox"/> My household has not previously received a rebate for Reusable Sanitary Products from the City <input type="checkbox"/> I have read and understood the conditions of the Rebate	
Date:	
Signature:	

OFFICE USE ONLY**Date received:****Approved:** Yes

Total value to be rebated: \$ _____

 No

Reason: _____

New Creditor Required Yes No**Creditor Number**