CITY OF VINCENT

Refill Rewards Program 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

Name:	
Residential Address:	
Telephone number:	
Email:	

Date of purchase (DD/MM/YYYY):	_____
Please list the 4 purchase amounts spent at Zero Waste Refill Station (inc GST): (Please do not include postage)	$_____ $_____ $_____ $_____
Bank Details:	**Account Name** _____ **BSB** _____ - _____ **Account No** _____
Declaration	

- ☐ I reside full-time in the City of Vincent
- ☐ I have attached a copy of my Driver's License, recent rates notice or utility bill (within 3 months)
- ☐ I have attached 4 itemised receipts of purchase
- ☐ My household has not previously received a rebate for Refill Rewards Program from the City
- ☐ I have read and understood the conditions of the Refill Rewards

Date (DD/MM/YYYY):	
Signature:	

OFFICE USE ONLY	
Date received (DD/MM/YYYY):	
Approved:	☐ Yes Total value to be rebated: $_____ ☐ No Reason: _____
New Creditor Required:	☐ Yes ☐ No
Creditor Number:	