



CITY OF VINCENT

INFRASTRUCTURE PROTECTION BOND REFUND REQUEST FORM

Applicant Name:

Company Name (if applicable):

Bond Details: Bond Amount:

Building Permit Number:

Receipt Number:

Property Details: Street Number:

Street Name:

Suburb:

Please complete this section with the details for the refund payment as they are to appear on the cheque.

Payee Name / Company Name:

Postal Address:

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Applicant Signature:

Contact Details: Phone Number:

Email Address:

Date:

PLEASE NOTE: REFUND REQUESTS MAY TAKE UP TO FOUR WEEKS TO BE ASSESSED
REFUNDS ARE MADE VIA CHEQUE

Please return this completed form to Technical Services at the City of Vincent.

Email: mail@vincent.wa.gov.au

Fax: (08) 9273 6099

Postal Address: PO Box 82, Leederville WA 6902