



STREET FRONTAGE REFUND



CONTACT DETAILS

BC Number:

Name of Owner/Payer:

Phone Numbers: Day

Mobile:

Postal Address:

Post code:

Email Address:



PROPERTY DETAILS

Property Street Address:

Description of dwelling/location for ease of inspection:



REFUND DETAILS

Deposit Amount Paid:

Receipt No:

Date Deposit Paid:

BANK ACCOUNT NUMBER:

ACCOUNT NAME:

Signature:

Date:

Please **POST** this form to QLDC – Accounts, Private Bag 50072, Queenstown
or **EMAIL** to accounts@qldc.govt.nz

FOR OFFICE USE ONLY

Inspection Date:

Damage:

Signature:

Notes:

