



Local Government Act 1995

Request for Bond Release

APPLICANT DETAILS			
Full Name/Company Name			
ABN <i>(if applicable)</i>			
Street/Postal Address			
Phone Number		Mobile Number	
Email Address			
RECEIPT DETAILS			
Relevant Receipt #		Date of Receipt #	
Receipt Amount <i>(if known)</i>	\$	Bond Amount Sought	\$
Purpose of Payment			
ACCOUNT DETAILS			
Account Name			
BSB Number		Account Number	
Declaration	<i>I, the Applicant, make a request to be refunded the amount sought to the bank account specified above.</i>		
Signature		Date	

How to return this form:

- Attach completed PDF to an email and send to shire@lakegrace.wa.gov.au
- Post to PO Box 50, Lake Grace WA 6353
- Hand in to the Shire Front Reception at 1 Bishop St, Lake Grace

