

REFUND REQUEST FORM

BUILDING OWNER Name of Owner:	
Address of Owner:	
Contact phone number:	
BUILDING CONSENT Building Consent Number:	
Address of Building Consent:	
Name of Owner:	
REASON FOR REQUEST FOR R (indicate which option applies	EFUND by ticking the appropriate box)
indicated above the Courequired.	code compliance certificate for the building consent ncil will refund you for any inspections that were not e total number of inspections undertaken is less than the
undertaken: By ticking this option you coindicated above is now no	e above consent) have not started and will not be are declaring to the Council that the building consent of required and should lapse in accordance with section 4. A refund will be calculated based on the fees paid less or date.
The refund will be made through o	direct credit. Please supply bank details and a deposit slip.
Name of Account:	
Name of Bank:	
Bank Account number:	
Applicant/Owner Signature	:
OFFICE USE ONLY:	
Refund request Received By:	Date Received: