

RESOURCE CONSENT BOND REFUND APPLICATION FORM

Once all the works covered by your bond have been completed you may request refund of your bond. You may also request a partial refund of the bond paid if the costs of the completed works can be clearly established. Please complete this form to initiate an inspection to facilitate the processing of refunding your bond paid. **Please note that the refund is payable in the name of the person or entity that initially paid the bond only.**

Please Note: In accordance with Council's Schedule of Fees and Charges there will be a time-based fee chargeable for each inspection. You will be invoiced for each inspection on application for any refund of your bond. Council is unable to deduct fees due from bond funds held; you must pay the inspection fees separately.

To assist us in processing your application, please complete the details below and return to Council's Customer Services Centre, 126-148 Oxford St, Private Bag 4002, Levin 5540.

Subdivision or Land Use Consent Number:	
Client/Organisation Name:	
Postal Address:	
Job/Site Address:	
Contact Telephone No:	
Bond Amount Paid:	
Receipt Number & Date Paid:	
Name of the initial payee:	
Verified Bank Account Number:	
Request Type	<input type="checkbox"/> Full Refund \$..... (amount) <input type="checkbox"/> Partial Refund \$..... (amount)

Note: Deposit slip must be provided for all direct credit payments. Payments will be made within 10 working days from approval date. Photo Identification may be requested.

Applicants Name: _____

Applicants Signature: _____

Date: _____

Council Office Use Only:

Refund Code :	06 - Land Use Bonds 09 - Subdivision Bonds
Application Approved: <input type="checkbox"/>	
Application Declined: <input type="checkbox"/>	
<input type="checkbox"/> A resource consent inspection was completed by _____ and a full release of the bond has now been approved. Full Amount: \$ _____	
<input type="checkbox"/> A resource consent inspection was completed by _____ and a partial release of the bond has now been approved. Partial Amount: \$ _____	

Comments:

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Authorised By:

Signature: **Dated:**

Manager:

Signature: **Dated:**

Instructions:	Tick Option
Send remittance advice directly to customer:	
Return remittance advice to Support Officer:	
Deposit Slip Attached or verified bank account details provided:	