



# CANCELLATION/REFUND REQUEST FORM

## APPLICANT/OWNER

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Home

\_\_\_\_\_ Work

\_\_\_\_\_ Mobile

## BUILDING CONSENT

Building Consent Number: \_\_\_\_\_

Address of Building Consent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Owner: \_\_\_\_\_

Unused Inspections: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

## REASON OF CANCELLING OF BUILDING CONSENT OR REQUEST FOR REFUND

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The refund will be made through 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:

[Empty box for Date Received]