



# 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](mailto:accounts@qldc.govt.nz)

## FOR OFFICE USE ONLY

Inspection Date:

Damage:

Signature:

Notes:

