



KERB / VERGE DEPOSIT REQUEST FOR REFUND

PO Box 210 Mandurah WA 6210
Ph: (08) 9550 3777 Fax: (08) 9550 3888

Property Address:

Owners Name & Address:

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.....

BOND PAYMENT DETAILS

Date Paid (*if known*):.....

Receipt No (*if known*):

Paid by Name:

Mailing Address for Refund:

.....
.....

Signature: Date:

**Bond refunds will be returned to the person or company who
paid the deposit to Council.**

**Please allow approximately 4 weeks for the refund to be
returned after application has been received by Council.**