

COMMUNITY FINANCIAL ASSISTANCE PROGRAM



Claim Form for Council Donation towards Rates & Charges; Insurance or Community Event*

* Claim form only applicable to donations listed in Council's Operational Plan approved by Council.

Name of Organisation:

Name of Contact Person (for mail):

Position in Organisation:

Postal Address:

.....

Phone: Mobile:

Email:

Signature: Date:

Please indicate claim type:

Rates / Sewer / Waste Insurance Community Event**

(** Claim must be accompanied by a compliant tax invoice.)

If this request is for the purpose of paying Council rates or charges, please provide the Property Assessment Number / Account number and property details:

Address	Assessment No.	Amount \$

Amount claimed***: \$.....

*** For insurance and community events attach substantiation of payment if applicable (e.g. Receipt)

Council's preferred payment to creditors is by electronic funds transmission (EFT). Council will directly deposit payments into the bank account of your choice. A remittance advice is forwarded showing the deposit details.

Please provide the following details.

Bank:

BSB No:

Account No:

Account Name:

Email Address: