



133 Macleod Street, PO Box 52, Bairnsdale Victoria 3875
Tel: (03) 5150 4444 **Fax:** (03) 5150 4477
Email: egw@egwater.vic.gov.au **Web:** www.egwater.vic.gov.au

Customer Refund Request Form

Please complete all below information:

Customer Name/s	
Customer Phone Number	
Date	

Property address	
Postal address	
Account number	

Request to refund \$ _____

Reason for request:

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Refund via: Cheque or EFT (Please circle option)

Bank Account Details (if EFT)

Please ensure BSB & account number are clearly printed as any adjustments cannot be accepted.

ACCOUNT NAME	
BSB	
ACCOUNT NUMBER	

I acknowledge that I will incur a \$10.00 administration fee for a second requested refund in the same financial year. I also acknowledge that my refund request may take 2-3 weeks to be processed.

This refund has been agreed to and signed by all parties listed on the account.

Please return completed form to 133 Macleod St, Bairnsdale or to egw@egwater.vic.gov.au

Customer signature/s: _____

OFFICE USE ONLY

DATE RECEIVED BY EGW: _____

