Application for Refund of Maintenance Bond

Lismore City Council, PO Box 23A, Lismore 2480

Ph. 1300 87 83 87 Fax: 66 250 400 Email: council@lismore.nsw.gov.au



Office Use Only - please	print clearly	
DA Number	Property Number	
Part 1: Land Details		
Address Number S	Street/ Road Name	
rtaarese rtarrise	Aloot House Hame	-
Locality	DA Number	
		1
Stage (If Applicable)	Bond Receipt Number Bond Amount	
Part 2: Owner/s Details	English Maria	
Title Given Name/s	Family Name	
Full Postal Address		
5.		
Home Phone Number	Business Phone Number Mobile Number	-
- "		
Email		
Signature of Owner	Date	
Signature of Owner	Date	
Signature of Owner	Date	

Part 3: Applicant/s / Consultant/s Details			
Title Given Name/s	Family Name		
Full Postal Address			
Business Phone Number Mobile Numbe	•		
Modele Harrison			
Email			
Liliali			
Signature of Owner	Date		
Signature of Owner	Dete		
Signature of Owner	Date		
Signature of Owner	Date		
Part 4: Certification			
We certify that all assets/ works are cleaned and in goo			
City Council and that all works are in good order and co			
Council for acceptance onto the Council asset register.			
Signature of Owner	Date		
Name			
Part 5: Refund			
	following section is completed and signed by the original		
payee.			
Refund Bond To:			
Title Given Name/s	Family Name		
Full Postal Address			
T dil 1 cotta 1 tadi coc			
I			
Signature of Original Payee	Date		
	Date		
Name			
Part & Pank Dataile for Refund			
Part 6: Bank Details for Refund	A securit Number		
Account Name	Account Number BSB Number		