Customer Service | 1300 292 872 | (02) 6670 2400 PO Box 816 Murwillumbah NSW 2484 ABN 90 178 732 496 | tsc@tweed.nsw.gov.au | www.tweed.nsw.gov.au



Application for Refund of Bond Against Road Damage

1. YOUR DETA	AILS							
Surname:						Т	itle:	☐ Mr / ☐ Mrs
Other names:								
Postal address:								
Daytime telephon number:	e			Email address:				
	·							
2. DECLARATION								
I wish to advise Tweed Shire Council that the removal/relocation of the building								
From: Street/Road Name								
To: Street/Road Name								
has now been completed. I further advise that if any road or road furniture damage was incurred, this has now been repaired and I now seek refund of:								
Bond Amount Paid		\$						
Signature:								
Date:								
(OFFICE USE ONLY)								
DA or CC no.				File No				
Date Received			Pro	perty No				
Date Building Ins	pected:						1	
Health & Building	r:				Date			
Engineer:						Date		
Site and route have been inspected and refund of bond is recommended.								
Matters requiring attention:								
Refund Issued?	☐ Yes /	☐ No	Accounts Payable			Date		