

Asset Protection Final Inspection & Bond Refund Application

Completed form can be emailed to apbond@bayside.vic.gov.au or submitted to council in person or via mail to **PO Box 27, Sandringham VIC 3191**

|  |  |
| --- | --- |
| Asset Protection Permit Reference Number |  |
| Applicant Name |  |
| Postal Address |  | Postcode |  |
| Property of building works |  | Postcode |  |
| Phone |  |
| Email  |  |
| \*Are you the Applicant who lodged and paid for the Original AP Bond? | Yes □ No □ |
| **\*In the event of a company, please provide:** |
| Company: | ABN: |
| Name of Applicant: | Position: |

**Important notes:**

• This form must be completed and returned to Council prior to any final inspection works commencing.

• These bank account details are valid for this refund form only. A new form will need to be attached to each refund requiring electronic funds transfer.

• The name of the payee must match the name listed on the original bond payment receipt. We cannot pay monies into a third-party account.

[ ]  **Tick box if you consent to security bond being returned to the original credit card which it was paid. Bond will be returned more promptly, along with the pro-rata credit card fees paid.**

**Please note: If the payments were made at Council’s front counter, please complete the bank details below and the refund will be returned by EFT.**

[ ]  **Tick box if payment was made using a Tax Invoice and BPAY, the refund will be processed via BPAY reversal back to the bank account where it was paid from.**

**BSB Number**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **-** |  |  |  |  |  |

**Bank Account**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**Account name…………………………………………………………………………………………………………………………………………….**

**Bank name ………………………………………………………………Branch:…………………………………………………………………**

**I herby:**

1. Authorise Bayside City Council to transfer this bond refund into the account number listed above.
2. Guarantee that the information provided above is correct, and agree to indemnify Bayside City Council against any loss or damage suffered if the details provided are incorrect.

**Signed:……………………………………………………………………………………………………………………..Date:……………………………**

**Terms:**

On notification this notification of the building works being completed, a final inspection will be undertaken and the current asset condition will be compared with the pre-construction asset condition. Any damage caused by the building works that has not been repaired to Council standards, will be recorded.

Written advice will be sent to the applicant to notify of any action required to reinstate the assets, if the rectification works are not carried out in the stated time frame by the applicant, Council will retain the bond or part of, to carry out the works.

Upon satisfactory completion of works, remaining security deposit will be refunded.

|  |  |  |
| --- | --- | --- |
| **For Office Use Only -**  | Approved for payment by: |  |
| **Creditor created by:** |  | **Date:** |  |
| **Creditor checked by:** |  | **Date:** |  |
| **Supplier ID:** |  |  |