

Asset Protection Final Inspection & Bond Refund Application



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	<input type="checkbox"/>
		No	<input type="checkbox"/>
*In the event of a company, please provide:			
Company:			
ABN/ACN:			
Name of Applicant:			
Position in the company:			

Important:

- This form must be completed and returned to Council prior to any 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.
- This form should be emailed to apbond@bayside.vic.gov.au or submitted to council in person or via mail to **PO Box 27, Sandringham VIC 3191**

BSB Number

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Bank Account

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Name of Account holder _____

Bank name _____

Branch: _____

I hereby:

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 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, all of the security deposit will be refunded.

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