

REQUEST FOR A BOND REFUND

Private Bag 3010
Hamilton 3240
New Zealand

TEL 07 838 6699
FAX 07 838 6599
EMAIL info@hcc.govt.nz
hamilton.govt.nz

Date: _____

Debtor/or Rates Number: _____ .93 (Refer to Invoice)

Ratepayer/Debtor Name: _____ (Refer to the *Company Name* listed in the Official Invoice)

Account/Company Address: _____ (Refer to the *Company Address* listed in the Official Invoice)

Application Reference Number: _____ (Eg. 11.2022.00001234.004)

Contact Phone Number: _____

Reason for Refund: **Subdivision Bond Refund Request as Outstanding Works are now complete.**

Bond Refund Amount: _____
(Please ensure the amount matches exactly what is on the Works Clearance Certificate)

Signature/Name: _____

*(Please attach the following supporting documents: Clear **photographs** showing completed works, a **screen shot** of your Bank Account Details and the Works Clearance Certificate confirming the Bond Amount. Failure to provide the above requested information will likely cause delays in processing the bond refund.)*

Please email this completed bond refund request form to subdivision@hcc.govt.nz

DIRECT CREDIT PAYMENT

We will endeavour to direct credit payments as soon as possible, however please allow up to 10 days.

Account Name: _____

Bank Account:

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SIGNED: (office use only)

HCC Authorising Signature: (office use only)

Please note that Council reserves the right to take into account any and all other outstanding debts/unpaid invoices that the Developer/Consent Holder/Holding Company/Applicant/Family Trust/etc owes to any Unit/Section/Department of Hamilton City Council in calculating the final Bond amount that is to be refunded.

The Bond amount to be refunded will be proportionally reduced or retained by Hamilton City Council until such time that any or all such outstanding monies/debts/dues are settled.