

PO Box 103 Glenorchy Tas 7010 Ph: (03) 6216 6800 gccmail@gcc.tas.gov.au

ABN: 197 5325 2493

## **ENVIRONMENTAL HEALTH REFUND FORM**

Applicant Details		
Title Given Name/s	Family Nar	me
, , , , , , , , , , , , , , , , , , ,		
Business Name		
Postal Address		
Mobile Number	Email Address	
Refund Reason		
Bank Details for Refund		
Bank Account Name		
BSB	Account Number	
Applicant Declaration		
Applicant Declaration		
Please Note: A copy of your drivers rata and Refund Policy.	licence, must be included as per th	ne Environmental Health Services Pro-
Applicant Name	Applicant Signature	Date
Applicant Name	Applicant signature	
By signing I authorise Glenorchy City C	Council to update my details listed wi	thin this form.
Office Use Only		
Office Use Only Received By	Initial Application Amount	
-	Initial Application Amount	
-		EFT Transfer

## **PRIVACY NOTICE:**

Council collects personal information to carry out its operations as a Tasmanian Local Government. This personal information may be used for other purposes permitted by law. The information may be shared with contractors and agents of the Council for this purpose, law enforcement agencies, courts and other organisations.

You do not have to provide your personal information but if full information is not provided the Council may be unable to action your application or request.

You can find out more about how the Council manages personal information and how you can request access or corrections to it in the Council's Privacy Policy available on the Council website or on request.