|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant Details | | | | | | |
| Applicant’s Name | Full Name |  | | | | |
| Company |  | | | | |
| Applicant’s Postal Address | Street or PO |  | | | | |
| Town |  | State |  | Postcode |  |
| Contact Details | Phone |  | Mobile |  | | |
| Email |  | Fax |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Property Details | | | | | | | | |
| **Property Address, to which the Bonding Deed / Security Deposit relates** | | | | | | | | |
| Property Name |  | | | | | | | |
| Street Address |  | | | | | | | |
| Town |  | | | | State |  | Postcode |  |
| Title Details | Lot(s) |  | DP/SP Number |  | Land Area | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Bond Details | | | |
| **Financial security bond to the value of three (3) month’s rent** | | | |
| Monthly rent | $ | Amount of Bond | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Declaration | | | |
| **I hereby advise that the bonding period of my Lease/Licence expired on (insert expiry date)** | | /    / | |
| **I request Council release the bond at the earliest convenience** | | | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Office Use Only | | | |
| Lease / Licence Register No. |  | Receipt Code | 21 |
| Parcel No. |  | Receipt No. |  |
| CM9 Reference |  | Receipt Date |  |
| CM9 Folder | F17/560 | Bond Total to Refund | $ |