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

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| 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 |       |

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

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| 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 |       |

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| --- |
| 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 | $ |