



## OFFICE USE ONLY

BAGS No:

Date:

## LODGEMENT OF APPLICATION

**Council:** Monday-Friday, 8:00am-4:30pm  
**Auburn Service Centre** - 1 Susan Street, Auburn NSW 2144  
**Merrylands Service Centre** - 16 Memorial Avenue, Merrylands NSW 2160  
**Mail:** The General Manager, Cumberland Council, PO Box 42, Merrylands NSW 2160  
**Email:** [council@cumberland.nsw.gov.au](mailto:council@cumberland.nsw.gov.au)

## 1. Payee Details

Name/Company Name:	<input type="text"/>		<input type="text"/>	
If company, contact person:	<input type="text"/>		<input type="text"/>	
ABN/ACN:	<input type="text"/>		<input type="text"/>	
Contact Number	<input type="text"/>		<input type="text"/>	
Email Address:	<input type="text"/>			
Postal Address:	Unit/House no:	<input type="text"/>	Street Name:	<input type="text"/>
	Suburb	<input type="text"/>	Postcode:	<input type="text"/>
Are you the payee of the bond? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Please Note:** If the person/entity claiming the bond is different to the person/entity that is recorded on Councils' receipt, you will need to provide a letter of authorisation from the original payee.

## 2. Property and Development Details

Property Address	Unit no:	<input type="text"/>	House no:	<input type="text"/>
	Street Name:	<input type="text"/>		
	Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
Does this bond relate to a Development Application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Development Consent No (CDC or DA):		<input type="text"/>		
If not related to a DA, please provide details, e.g. driveway, hoarding, etc.		<input type="text"/>		

## 3. Financial Institution Account Details for Refund

Bank Name:	<input type="text"/>		
BSB:	<input type="text"/>	-	<input type="text"/>
Account Number:	<input type="text"/>		
Account Holder:	<input type="text"/>		

**Please include a copy of a bank statement, which confirms that the bank details above are correct.** The bank statement must show the name of the **account holder** (not just posting name and address), **BSB** and **account number**.

**4. Bond Details**

	Bond Type	Receipt Number (If known)	Amount
	Damage Deposit/Kerb and Gutter		\$
	Driveway Bond		\$
	Drainage Bond		\$
	OSD (On Site Detention Bond)		\$
	Footpath/Road Bond		\$
	Gully Pit Bond		\$
	Redundant Layback Bond		\$
	Hoarding Bond		\$
	Landscape / Tree		\$
	Rock Anchors		\$
	Other Bonds - Specify		\$
<b>Total:</b>			\$

**5. Bond Release Process**

- Confirm all construction and associated works are completed.
- Council is required to confirm that the Bond can be released. This involves a final inspection of the work and review of council files.
- During the final inspection, if a condition has not been fulfilled, the applicant will be notified in writing of any outstanding works to be done and a re-inspection is required. In this case, a re-inspection fee will be charged and/or deducted from the bond.

Should you have any enquiries regarding your application, please call council on **8757 9000** or email to [council@cumberland.nsw.gov.au](mailto:council@cumberland.nsw.gov.au)

**6. Document Checklist**

Documents to be attached to this application:	Applicant	Council
A copy of your bank statement/proof of account document to confirm refund details		
Letter of authorisation if the original payee is different to the person claiming the refund		
FINAL/WHOLE Occupation Certificate		

**7. Declaration**

- I/We hereby apply for refund of the bond/s described above.
- I/We declare that the application is complete. If the application is incomplete, the application may be delayed or rejected.

Name:

Signature:  Date:

**8. Privacy Statement**

Personal details are supplied to Cumberland City Council on a voluntary basis but if you cannot provide the information requested, Council may not be able to process your application. Personal details requested on this form are being collected in order to process your application. Information provided by you may be accessed by the members of the public. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council.

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**Cumberland City Council**

16 Memorial Avenue, PO Box 42, Merrylands NSW 2160.

T 8757 9000 W [cumberland.nsw.gov.au](http://cumberland.nsw.gov.au) E [council@cumberland.nsw.gov.au](mailto:council@cumberland.nsw.gov.au)