

WORKS BOND REIMBURSEMENT

Application Form



1 Bold Park Drive
Floreat WA 6014
Telephone: 9347 6000
www.cambridge.wa.gov.au

APPLICANT DETAILS	
Name:	
Address:	Postcode:
Email:	
Phone:	Mobile:

LICENCE / PROPERTY DETAILS
Licence Number:
Demolition / Construction has been completed at (property address):

BOND DETAILS
Works bond number:
Amount to be reimbursed: \$

APPLICANT(S) SIGNATURE	
Signature:	Date:
Signature:	Date:

IF YOU ARE NOT THE ORIGINAL PAYEE OF THE WORKS BOND

- I understand that legally the Council can only reimburse an outstanding bond to the original payee.
- As I was not the original payee of the Works Bond, please find attached a written authority from the original payee authorising any outstanding bond monies be reimbursed to the above-stated name and address.

RETURN THIS FORM:

In Person: Town of Cambridge Administration Centre, 1 Bold Park Drive, Floreat
Post: Town of Cambridge, PO Box 15, Floreat WA 6014
Email: mail@cambridge.wa.gov.au