



# Request for Partial / Full Release of Surety Bond

PLANNING AND DEVELOPMENT  
PO Box 155  
GYMPIE QLD 4570  
Ph. (07) 5481 0400  
Fax: (07) 5481 0801

## APPLICANT DETAILS

Applicant's Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact ~ Ph: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

## APPLICATION DETAILS

Development Approval Number: \_\_\_\_\_

Site Address: \_\_\_\_\_

## REQUEST DETAILS

- I hereby certify that, being the owner of the above described property, I consider that a satisfactory **Building Footing/Tie-down inspection** has been carried out accordingly on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).
- I hereby certify that, being the owner of the above described property, I consider that a satisfactory **Plumbing external drainage inspection** (including installation of waste water facility) has been carried out accordingly on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).
- I hereby certify that, being the owner of the above described property, **I consider that the conditions of approval have been met. Building final inspection certificate and Plumbing compliance certificate have been issued and as such, I wish to request release of the final balance of bond.**

Signed (Owner/s): \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(\*See Privacy Statement Below)

Original Bond Payment Receipt Number: \_\_\_\_\_ Date bond paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

## REFUND DETAILS *(Please note: All refunds will be payable to payee indicated on the receipt)*

Please place a tick next to appropriate method of refund and complete relevant details.

- Electronic Transfer  
Bank Name: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Bank BSB Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_  
Bank Account Name: \_\_\_\_\_

## OFFICE USE ONLY:

_____	\$ _____	\$ _____
Authorised by Manager	Amount Refunded	Bond Amount Remaining

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