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|  | **WORKS COMPLETED FORM**  **ROAD ASSET PROTECTION PROGRAM**  *City of Stonnington General Local Law 2018*  ABN 67 688 032 530 |

|  |  |  |
| --- | --- | --- |
|  | PERMIT NUMBER |  |

|  |
| --- |
| **RETURN THIS FORM TO COUNCIL WHEN ALL BUILDING WORKS HAVE BEEN FINALISED** |
| * Upon receiving the form back, Council’s Road Asset Inspection officer will undertake a final assessment of the council assets. * If all Council’s assets are in as good or better condition than they were prior to works commencing a memo will be sent to finance for a full refund of your bond. * Please expect a refund of the bond **within 4 – 5 weeks** of returning this form. |

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| TO | AMENITY AND COMPLIANCE | LOCAL LAWS  CITY OF STONNINGTON  PO BOX 58  MALVERN VIC 3144 |

|  |  |
| --- | --- |
|  | NAME AND SITE ADDRESS |

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| --- |
| **Wish to advise that the building works have now been completed at** **PropAddsg2. Please arrange for a final inspection of the council assets and refund of the bond.** |

|  |  |  |
| --- | --- | --- |
| I/We also request Works Zone Signage to be removed | Yes | No |

|  |
| --- |
| I hereby certify that the building works are complete. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Owner/Builder |  | | |
| Signed |  | | |
| Date |  | Mobile: |  |
| EMAIL: |  | | |

|  |  |
| --- | --- |
|  | **ELECTRONIC FUNDS TRANSFER FORM**  **ROAD ASSET PROTECTION PROGRAM – BOND REFUND**  *City of Stonnington General Local Law 2018*  ABN 67 688 032 530 |

**CONFIDENTIAL – PLEASE NOTE THE NAME MUST REFLECT THE DETAILS ON THE RECEIPT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Business/Individual Name:** |  | | | | |
| Address: |  | | | | |
|  | State: |  | Post code: |  |
| Phone Number: |  | | | | |
| Email Address: |  | | | | |
|  | | | | | |
| **Bank Account Details** | | | | | |
| Legal Account Name: |  | | | | |
| Bank Name: |  | | | | |
| Bank Address/Branch: |  | | | | |
| BSB: |  | Account Number: | |  | |
|  | | | | | |
| I/we guarantee that I/we am/are entitled to the refund of the security deposit and that the above bank details are true and correct and indemnify City of Stonnington against any loss or damage if the details provided are incorrect. | | | | | |
| Print Name: |  | | | | |
| Signature: |  | | | | |
| Date: |  | | | | |
|  | | | | | |