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www.strathfield.nsw.gov.au

## APPLICATION FOR BOND RELEASE

Note: All sections of this form must be completed before lodgment.

Please note the bond will <u>ONLY</u> be released to the person/company who paid the bond to Council (that is the name that appears on the original receipt / tax invoice provided by council for original payment).

Please attach the Occupation Certificate, copy of the receipt and /or other supporting documentation to support this application.

Receipt number is mandatory. Submitting a form without the receipt number could result in delays processing your application.

PLEASE PRINT DETAILS IN INK

1. Applicant Details						
Name:						
Postal Address:						
	-	Doot Code:				
Suburb: Mobile		Post Code: Email:				
		-				
2. If Applicant is different from the payee, please fill out this section otherwise leave blank						
Name:						
Postal Address:						
Suburb:		Post Code:				
Phone: Mobile	): I	Email:				
3. Development Details						
Application/Work Permit/Developr	ment Consent Number:					
Development Site Address:						
Receipt Number:						
4. Bond Details						
Providing the correct receipt number is e		ou <u>include the receipt number accurately</u>				
Type of Bond	Receipt No Bank Guarante	Amount &				
<b>Building Damage Bond</b>						
Engineering Works Bond						
Tree Bond						
Work Permit Bond						
Other Bond						
5. Instructions for Refund						
Upon Satisfaction of the Bond or S	Security Deposit a Bond R	Release will be processed though EFT				
Bank:	Bank Accou	unt Name:				
BSB Number:	Account Nur	mber:				
6. Document Attached						
☐ Copy of Receipt /Tax invoice						
☐ Final Occupation Certificate						
Name:	Signature:	Date:				

Office use only						
Property Location/Addres	SS:					
	ceipt No.:Receipt Date:					
Inspection completed:			ng Works Bond □	3 Tree Bond		
Number of Bond Refunds	s being requested o	n this application:				
□ 1 Bond		J 2 Bonds		3 Bonds		
ALL Bond/s will be rele	ased through Elec	tronic Funds Transfer	(EFT) only.			
URBAN SERVICES INSI	PECTION:					
	Condition	Comments/	Damage/Works re	auired		
Storm water				4		
Kerb & Gutter						
Roadway						
Nature Strip						
Footpath						
Driveway						
Other (please specify)						
TREES INSPECTION:	1					
	Condition	Comments/I	Damage/Works re	quired		
Parks						
Tree						
Property						
Other (please specify)						
□ INSPECTION HAS BEEI						
Authoriser Name:		_Signature:	Date:			
Office use only (A	dmin)					
Please arrange payment	-	as follows:				
	Details		Receipt No.	Total \$		
URBAN SERVICES:						
STREET TREES:						
☐ Tree is in a healthy und the refund of the tree p ☐ New tree is in a healthy	rotection bond.	d no objection is made to				
			Grand Total			
<b>Documents Attached C</b>	hecklist:		_			
☐ Copy of Receipt ☐ F	inal Occupation C	ertificate 🛚 Works Per	mit Application			
Approved Name:		Signature:	Date:			