

Council Office: 65 Homebush Road, Strathfield NSW 2135 Telephone: 9748 9999

Email: Council@strathfield.nsw.gov.au

Post: PO Box 120, Strathfield NSW 2135 Fax: 9764 1034

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:						
Suburb:		Pos	t Code:			
Phone:	Mobile:	Ema	il:			
2. If Applicant is differen	ent from the	e payee, please f	ill out this section			
otherwise leave blank						
Name:						
Postal Address:						
Suburb:	Post Code:					
Phone:	Mobile:	Ema	iil:			
3. Development Details	S					
Application/Work Permit/Development Consent Number:						
Development Site Address:						
Receipt Number:						
4. Bond Details						
Providing the correct receipt num	ber is essential, p		lude the receipt number accurately			
Type of Bond		Receipt No or Bank Guarantee N	o Amount \$			
Building Damage Bond						
Engineering Works Bond						
Tree Bond						
Work Permit Bond						
Other Bond	-					
5. Instructions for Refu	und					
Upon Satisfaction of the Bor	nd or Security I	Deposit a Bond Relea	se will be processed though EFT			
Bank:	Bank Account Name:					
BSB Number:		Account Numbe	r:			
6. Document Attached						
☐ Copy of Receipt /Tax invo	oice					
☐ Final Occupation Certification	ate					
Name:	Signatur	e:	Date:			

Office use only				
Property Location/Address	s:			
Receipt No.:			Receipt Date: _	
Inspection completed:		_	ıg Works Bond □	3 Tree Bond
Number of Bond Refunds	-			
☐ 1 Bond	-	2 Bonds		3 Bonds
ALL Bond/s will be relea	sed through Electroi	nic Funds Transfer (EFT) only.	
JRBAN SERVICES INSP	ECTION:			
	Condition	Comments/I	Damage/Works re	quired
Storm water				
Kerb & Gutter				
Roadway				
Nature Strip				_
Footpath				
Driveway				
Other (please specify)				
TREES INSPECTION:				
TELO IIIOI LOTIOII.	Condition	Comments/I	Damage/Works red	guired
Parks				10 00.
Tree				
Property				
Other (please specify)				
☐ INSPECTION HAS BEEN ☐ PLEASE DEDUCT \$			EPOSIT IS RECOMM	MENDED:
☐ PLEASE DEDUCT REST	ORATION FEES \$			
Requested Name:	Signature:		Date:	
	Signature:			
Additionisti Name.	0.8	,	Dutc	
Office use only (Ad	min)			
	·	llows:		
Please arrange payment for Bond Release as follows:			December 11 of	T-4-1 A
Details			Receipt No.	Total \$
URBAN SERVICES: STREET TREES:				
☐ Tree is in a healthy unda the refund of the tree pro☐ New tree is in a healthy of	otection bond.	objection is made to		
			Grand Total	
Documents Attached Ch	ecklist:		L	
☐ Copy of Receipt ☐ Fi	nal Occupation Certi	ficate □ Works Per	mit Application	
Annroyed Name:	<u>-</u>	ianature:		