



Application details

Building Consent No. Resource Consent No.

I
(applicant's full name)

Company name (if applicable)

of
(address of applicant)

Phone

Email

give notice that I wish to apply for an infrastructure bond refund.

(address of where work was carried out)

Signature

/ /
 Name of person signing: *(please print clearly)* Dated

Note:

- Please be advised that Whanganui District Council will undertake an inspection of its infrastructure assets to confirm that no damage has occurred.
- Refunds will be made by cheque which will be posted to the applicants address as supplied above.

OFFICE USE ONLY

| | | | | | |
|---|-----|-----------------------|----|-----------------------|---------------------------|
| Council to Complete | | <i>(Please tick)</i> | | | |
| Infrastructure has been damaged | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A <input type="radio"/> |
| Repaired to Whanganui District Council Standard | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A <input type="radio"/> |
| Inspected by Whanganui District Council Officer | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A <input type="radio"/> |

Comments

Date received:

Received by:
(print name)

Approved: YES NO
(please circle whichever is applicable)

Approved by:
(print name)

Date approved:

Approval signature: