

# HOUSEHOLD CHARGE REQUEST FOR REFUND



**PLEASE USE BLOCK CAPITALS**

## RESIDENTIAL PROPERTY OWNER ACCOUNT DETAILS

Account reference Code

PPSN

First Name

Surname

Company Name  
(If Applicable)

Company Contact:

First  
Name

Surname

Correspondence  
Address

County

Country

Phone No

Mobile No

Email Address

### FOR OFFICE USE ONLY

HC Account Ref Code:

Payment Code ID:

HC BUREAU STAMP & DATE

LOG NUMBER:



**DETAILS OF PROPERTIES ASSOCIATED WITH REFUND REQUEST**

Property 1

Account reference Code

Address

County

County/  
City Council

Original payment made using:  Visa/Laser/Master Card  Cheque/Postal Order/Bank Draft  Direct Debit

Charge year refund in relation to:  2012 Amount €

Reason for requesting refund

**FOR OFFICE USE ONLY**

Refund approved <input type="checkbox"/> Yes <input type="checkbox"/> No Approved/Un-Approved By: Date:	Comments:	Transaction ID: Date refund Processed: Amount €
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**FOR OFFICE USE ONLY**

HC Account Ref Code: Payment Code ID:	HC BUREAU STAMP & DATE	LOG NUMBER:
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**DETAILS OF PROPERTIES ASSOCIATED WITH REFUND REQUEST (Continued...)**

Property 2

Account reference Code

Address

County

County/  
City Council

Original payment made using:  Visa/Laser/Master Card  Cheque/Postal Order/Bank Draft  Direct Debit

Charge year refund in relation to:  2012 Amount €

Reason for requesting refund

**FOR OFFICE USE ONLY**

Refund approved <input type="checkbox"/> Yes <input type="checkbox"/> No  Approved/Un-Approved By:  Date:	Comments:	Transaction ID:  Date refund Processed:  Amount €
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**FOR OFFICE USE ONLY**

HC Account Ref Code:  Payment Code ID:	HC BUREAU STAMP & DATE	LOG NUMBER:
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**DETAILS OF PROPERTIES ASSOCIATED WITH REFUND (Continued...)**

Property 3

Account reference Code

Address

County

County/  
City Council

Original payment made using:  Visa/Laser/Master Card  Cheque/Postal Order/Bank Draft  Direct Debit

Charge year refund in relation to:  2012 Amount €

Reason for requesting refund

**FOR OFFICE USE ONLY**

Refund approved <input type="checkbox"/> Yes <input type="checkbox"/> No Approved/Un-Approved By: Date:	Comments:	Transaction ID: Date refund Processed: Amount €
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**FOR OFFICE USE ONLY**

HC Account Ref Code: Payment Code ID:	HC BUREAU STAMP & DATE	LOG NUMBER:
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