

TRANSFER OF MONIES	
Section 1 – Applicant(s) Details	
Name:	
Postal Address:	
Mobile/Phone:	
Email Address:	
Section 2 – Reason for Transfer of Monies	
Please tick applicable box:	Valuation amalgamation Incorrectly receipted by cashier
	Obsolete Assessment Applicants request
	Applicant used incorrect reference number
Please Note:	If a Transfer of Monies is requested, an administration fee is applicable, as per Council's Fees and Charges for the current financial year. The administration fee will not apply if this is the first Transfer of Monies request.
Section 3 - Transfer From	
Property No / Account No:	Amount: \$
Name:	
Section 4 - Transfer To	
Property No / Account No:	Amount: \$
Name:	
Section 5 - Administration Fee (if applicable)	
Monies to be receipted to: M00253	Administration fee paid at time of request: Yes No
	If yes, Receipt No
	If no, is Administration fee to be deducted from transfer amount : Yes No
I/we acknowledge the above and approve for the transfer of monies from one account to the other:	
Applicants Signature:	Date:
FOR OFFICE USE ONLY	
Journal No:	Discount Adjusted:
Note on the File:	Interest Adjusted:
Processed by:	Date:
Checked by:	Date:
Privacy Statement: The Cassowary Coast Regional Council respects your privacy. Personal information on this form is collected in accordance with Local Government Regulation 2012 and is used only by Council staff for the purpose of this form. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the appropriate form obtainable from Council Website at any time.	