

Food and Health Businesses Refund Request Form

This form applies to payments made via BPay or BillPay. For credit or debit card reimbursements, please contact us at foodsafety@manningham.vic.gov.au

All sections below must be completed.

Payment Details

Payee name

Registration number

Business name

Date of Closure

Reason for refund

Payee Banking Details

Account name

Bank name

BSB (XXX-XXX)

Account number

Payee Contact Details

Full address (including State & postcode)

Email address

Proof of payment from the payee's account will also need to be provided i.e. a screenshot from your bank account.

Please send your completed request form with your supporting documentation to
foodsafety@manningham.vic.gov.au



Interpreter service

9840 9355

普通话 | 廣東話 | Ελληνικά

Italiano | عربي | فارسی

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