



WATER CARTAGE CONTRACTOR
Claim for smart card surplus refund

CUSTOMER DETAILS

Customer Name

Address

Contact No

Contact Name

Find enclosed _____ (Insert No. Smart Cards enclosed with form) **Launceston Automated Filling Point smart cards. Please forward any surplus money remaining on the cards to the above address.**

Signature Date / /

Print full name

The completed form and associated smart cards can be return

Via Mail: PO Box 745, Launceston

In Person: 36-42 Charles St, Launceston

OFFICE USE ONLY

Date Received / /