



SHIRE OF WAROONA WAROONA RECREATION & AQUATIC CENTRE APPLICATION TO CANCEL PAYMENT ARRANGEMENT

WRAC Form Number

WRAC - 1

DETAILS OF THE APPLICANT

SURNAME:			
GIVEN NAMES:			
DATE OF BIRTH:			
STREET NUMBER & NAME:			
SUBURB:		POST CODE:	
EMAIL:		PHONE:	

PAYMENT PLAN CANCELLATION FEE

THREE MONTHS:	<input type="checkbox"/> \$75.00
SIX MONTHS:	<input type="checkbox"/> \$114.00
TWELVE MONTHS	<input type="checkbox"/> \$152.00

REASON FOR CANCELLATION

DECLARATION BY APPLICANT

FULL NAME:			
SIGNATURE		DATE:	

OFFICE USE ONLY

WRAC STAFF		SOW FINANCE DEPT	
DATE APPLICATION RECEIVED:		CREDIT NOTE APPLIED:	<input type="checkbox"/>
RECEIVED BY (STAFF MEMBER NAME):		CANCELLATION INVOICE SENT:	<input type="checkbox"/>
APPROVED BY MRS:	<input type="checkbox"/> Y <input type="checkbox"/> N	CONFIRMATION EMAILED TO DEBTOR:	<input type="checkbox"/>
DATE:		REMOVED FROM MONDAY.COM	<input type="checkbox"/>

If you require this document in an alternative format, such as large print or a coloured background, please contact the Shire of Waroona Administration Office via phone on (08) 9733 7800 or via email warshire@waroona.wa.gov.au