

Sanitary Product Rebate Application

Please complete the following form and return to waste.engagement@stirling.wa.gov.au

Name:

Residential Address:

Contact Number:

Email Address:

Date of Purchase:

Total Amount Spent on

Reusable

Sanitary Products (inc GST):

**Do not include postage*

\$ _____ . _____

Bank Details:

Account Name: _____

BSB: _____ - _____

Account Number: _____

Declaration:

- ☐ I reside fulltime in the City of Stirling
- ☐ I have attached a copy of my Driver's Licence, recent rates notice or utility bill (within 3 months)
- ☐ I have attached the itemised receipt of purchase, dates within the current financial year
- ☐ I have read and understood the condition of the Rebate

Signature:

Date:

OFFICE USE ONLY

Date Received: _____

Approved: _____

☐ **Yes**

Total value to be rebated: \$ _____

☐ **No**

Reason: _____

New Creditor Required: _____

☐ **Yes**

☐ **No**

Creditor Number: _____