RATES ACCOUNT AUTHORITY FORM



Please complete this form to authorise a nominated person/organisation to either enquire only or enquire and act on your behalf, including making any changes and requests or remove authority relating to your rates information with Dubbo Regional Council.

PROPERTY OWNER DETAILS					
Title	□ Mr □	Mrs 🗆 Miss 🗆]Ms □ Other - Please s	pecify:	
Name/s or organisation (if applicable)					
Date of Birth Optional					
Residential Address Include City, State & Postcode					
Postal Address Include City, State & Postcode					
Contact Number					
Email Address					
Preferred contact method	□ Phone		□ Email	□ Post	
Note: Organisations must supply a copy of ASIC Company Statement Extract identifying office bearers.					
PROPERTY DETAILS					
Assessment Number					
Property Address					
The representative listed below has the following authority to. (Please select one)					
☐ Enquire only ☐ Enquire and act			emove representatives		
AUTHORISED REPRESENTATIVE DETAILS					
Title	□ Mr □	Mrs 🗆 Miss 🗆	☐ Ms ☐ Other - Please s	pecify:	
Name/s or organisation (if applicable)					
Date of Birth Optional					
Residential Address Include City, State & Postcode					
Postal Address Include City, State & Postcode					
Contact Number					
Email Address					
Preferred contact method	□ Phone		□ Email	□ Post	

RATES ACCOUNT AUTHORITY FORM



PROPERTY OWNER SIGNATURE/S				
Signature				
Print Name				
Date				

PRIVACY NOTE:

Council is bound by the provisions of the Privacy and Personal Information Act 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained. For further information, please refer to Council's Privacy Management Plan Policy located on Council's website www.dubbo.nsw.gov.au