

RATES ACCOUNT AUTHORITY FORM



This form is to authorise the nominated person/organisation to either enquire only or enquire and act on my/our behalf, including making any changes and requests or remove authority.

Assessment Number:
Property Address:

PROPERTY OWNER DETAILS			
Name/s:			
Date of Birth : <i>Optional</i>			
Postal Address:			
Contact Number:			
Email Address:			
Preferred contact method	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Post
Property Owner Signature/s			

Note: Organisations must supply a copy of ASIC Company Statement Extract identifying office bearers.

LEVEL OF AUTHORITY		
The representative listed below has the following authority to. (Please select one)		
<input type="checkbox"/> Enquire only	<input type="checkbox"/> Enquire and act	<input type="checkbox"/> Remove representatives

AUTHORISED REPRESENTATIVE DETAILS			
Name:			
Date of Birth: <i>Optional</i>			
Organisation (if applicable):			
Postal Address:			
Contact Number:			
Email Address:			
Preferred contact method	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Post

PRIVACY NOTE:

Council is bound by the provisions of the Privacy and Personal Information Action 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

Submit to: council@dubbo.nsw.gov.au

Deliver to: Customer Experience Centre
Cnr Church and Darling St | Dubbo or Cnr Nanima Crescent and Warne St | Wellington