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APPLICATION FOR PAYMENT ARRANGEMENT

Please tick Rates Sundry Debtors

PERSONAL DETAILS

Name: _____

Property Address: _____

Postal Address: _____

Contact Telephone:

Private: _____ Mobile: _____

Business: _____ Email: _____

Property Number _____ Invoice Number _____

Balance Outstanding – Rates _____

Balance Outstanding – invoice _____

Payment Amount: \$ _____

(must be no less than 15% off outstanding amount per calendar month)

Frequency of payment Weekly Fortnightly Monthly

First payment date: _____/_____/_____

DECLARATION

I understand that interest on rates will be charged in accordance with Section 128 of the Local Government Act 1993, calculated daily by applying the maximum rate specified by the Minister, on a yearly basis.

I also understand that should the payment plan not be met (without agreement from Council) then the payment plan is considered CANCELLED and FULL payment of the amount outstanding is due immediately.

Failure to pay may mean Council shall undertake Legal Recovery and I accept that any costs of the legal recovery will be charged to me.

Signed _____

Date _____