

APPLICATION FOR PAYMENT ARRANGEMENT

Please Tick Rates Sundry Debtors

PERSONAL DETAILS

First Name Last Name

Property Number

Property Address

Postal Address

Telephone Mobile

Email

Property Number Invoice Number

Property Number

Balance Outstanding - Rates

Balance Outstanding - Invoice

Payment Amount \$ *(must be no less than 15% off
outstanding amount per calendar year)*

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.

Signature Date