

9 Melbourne Street (PO Box 6) Triabunna TAS 7190

@ 03 6256 4782

₾ 03 6256 4774

www.gsbc.tas.gov.au

RATES REMISSION APPLICATION 2024/2025

Applications must be received by 31st March 2025

| Full Name | Date of Birth | |
|---|--|-----------------------------|
| Property Address | | |
| Contact Phone NumberEmail Address | | |
| Please tick Yes or No to the following questions: | | |
| 1. Was the above property your principal place of residence on 1st July 2024? □Yes □No | | □Yes □No |
| 2. Were you partly or wholly liable for the rates on the above property on 1st July 2024? | | □Yes □No |
| 3. Did you possess a Pensioner Concession Card, Health Care Card or a DVA Gold | | □Yes □No |
| Please tick the type of card you possess: | Card Start | Date: |
| □ Pension Concession Card | | |
| □ Health Care Card□ DVA Gold Card Endorsed as TPI or War Widow | Card Num | iber: |
| | | |
| I (Full Name) | authorise: | |
| The Glamorgan Spring Bay Council (the Council) and the Department of Treasury and Finance (DoTaF) to use Centrelink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs Customer details and concession card status to enable the council and DoTaF to determine if I qualify for a concession, rebate or service. | | |
| Services Australia (the department) to provide to | the results of that enquiry to the cou | ncil and DoTaF. |
| I understand that: | | |
| The agency will disclose personal information to type, payment status and concession card type | | |
| This consent, once signed, remains valid while I the Council or DoTaF. | am a customer of the Council unless | I withdraw it by contacting |
| • I can obtain proof of my circumstances/details from the agency and provide it to the Council and DoTaF so that my eligibility for rates remission can be determined. | | |
| • If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the rates remission provided by the Council and DoTaF. | | |
| **A COPY OF BOTH SIDES OF YOUR CURRENT PENSIC APPLICATION OR IT WILL NOT BE PROCESSED** | DN/HEALTH CARE/DVA CARD MUST | BE ATTACHED WITH THIS |
| Signed Da | ited | |