

BRISBANE CITY COUNCIL ABN 72 002 765 795

## Rates Account Authority To act on my behalf

Dedicated to a better Brisbane

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Please attach certified copy of supporting documents (if any). eg

- Power of Attorney
- Court
- Tribunal
- Guardianship, or
- Administrative Order
- Property occupations Form 6 (real estate agents)

## **Return completed Authority to**

Brisbane City Council GPO Box 1434 BRISBANE QLD 4001

Fax: 3334 0233

Email: customerservices@brisbane.qld.gov.au

## **Privacy Statement**

The personal information collected on this form will be used by the Brisbane City Council for the purpose of identifying a nominated person who can act on your behalf. The personal information may be used by other areas of Council to undertake Council functions and to provide services to you.

| 1 | What is your relationship to the property?           |  |  |  |
|---|------------------------------------------------------|--|--|--|
|   | Owner of the property                                |  |  |  |
|   | Director of the Corporation/Incorporated Association |  |  |  |
|   | Trustee of the Trust                                 |  |  |  |
| 2 | Name of registered property owner                    |  |  |  |

| 3 | Property owner's postal addre | ess                      |
|---|-------------------------------|--------------------------|
|   |                               |                          |
|   |                               |                          |
|   |                               | Postcode                 |
|   | Primary phone number          | Alternative phone number |

E-mail

4 Rate Accounts (attach a separate sheet if more than 2 accounts)

| Rate Account No: |  |
|------------------|--|
| Location:        |  |
|                  |  |
|                  |  |
| Rate Account No: |  |
| Location:        |  |
|                  |  |
|                  |  |

| 5  | Name of nominated person <b>or</b> organisation to act on my behalf for the purposes specified in this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Name of contact person for nominated organisation (if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 6  | Nominated person/organisation's contact details Postal address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | Postcode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Primary phone number Alternative phone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7  | Do you want your rate notice/s to be issued care of the nominate person/organisation at Question 5?  No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8  | What is your preference for the delivery of the Rates account?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|    | Mail* Email* (* as provided at Question 6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 9  | Date you wish to terminate this Authority (Leave blank for Authority to continue until advised otherwise by writing to Council)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 10 | Authorisation I, the registered property owner named in this form, hereby;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    | <ol> <li>authorise the nominated person/organisation named in this form to act on my behalf with Brisbane City Council ("Council") and represent my interest regarding my rate account(s) listed in this form for the following specified purposes:         <ul> <li>(a) notifying Council of changes to my postal address for my rate account(s); and</li> <li>(b) making enquiries and disclosing to, receiving from and exchanging with Council information (including personal, financial and property ownership and occupation information about me, my property(s) and my rate account(s).</li> </ul> </li> </ol> |
|    | <ol><li>consent to Council and the named nominated person/organisation disclosing to, receiving from and exchanging with the other information (including personal, financial and property ownershi and occupation information) about me, my property(s) and my radiaccount(s) for the purpose of dealing with my rate account(s).</li></ol>                                                                                                                                                                                                                                                                            |
|    | Name of signatory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    | Signature and date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |