

	AUTHORITY TO ACT This form is to be completed when a ratepayer would like to authorise or cancel authorization for another party to act on their behalf to manage their Council Rates.			
	Registered Property Owner/s:			
APPLICANT DETAILS	Postal Address:			
	Suburb:		State:	Postcode:
	Phone:	Email:		
REQUEST TYPE	Approve authority		Cancel authority	
PROPERTY DETAILS (Please list all properties you would like the party to have Authority to Act on.)	Property Address:			
	Suburb:		State:	Postcode:
	Assessment Number:			
ADDITIONAL PROPERTY DETAILS (If required)	Property Address:			
	Suburb:		State:	Postcode:
	Assessment Number:			
	Property Address:			
	Suburb:		State:	Postcode:
	Assessment Number:			
EXTENT OF AUTHORITY	I authorise the person/s listed on this form to be provided with information regarding my Council rates and/or water accounts. I authorise the person/s to (<i>tick those that apply</i>): Have access to my property and financial information until I advise Council that I wish to cancel this agreement (<i>including copies of rates notices, outstanding and</i> <i>levies balances, transaction records</i>);			
	Have the authority to change the postal address for all rates and property correspondence.			
PERSON/S AUTHORISED	Full Name:			
	Postal Address:			
	Suburb:		State:	Postcode:
	Phone:	Email:		
RATEPAYER/S SIGNATURE	Signature:			Date:
	Ratepayer Name:			
	Signature:			Date:
	Ratepayer Name:			
PRIVACY NOTICE	Banana Shire Council is collecting your personal information to process your application. The information will not be disclosed to any other person or agency external to council without your consent, unless required by or authorised by law. Personal information will be handled in accordance with the information Privacy Act 2009.			
OFFICE USE ONLY	PCS Note R&R (if applicable)			
	PCS Remark			
	Rates & Property Officer:			