Application to pay rates by instalments

BARCALDINE REGIONAL COUNCIL

ID _____ Box _____

You may use this form to apply to pay your overdue rates by instalments. Once a decision has been made by Council, you will be notified in writing. ***Note: Council <u>does not/ cannot</u> do DIRECT DEBIT (meaning directly take money out of your account/s.)*** **Please see below payment options.*

Applicant Details

Full name(s)

Postal Address

Contact Number

Email

Property Details

Assessment Number (1)

Property address and/or description

Assessment Number (2)

Property address and/or description

Authorisation

I/We agree to pay the Barcaldine Regional Council $_____ per ☐ week ☐ fortnight ☐ month

beginning on _____ *(d/mm/yyyy)* for a period of _____ ☐ weeks ☐ months ☐ years

or until the outstanding balance on each assessment is paid in full.

I understand that an instalment must be made each week / fortnight / month as agreed and that interest of 5% per annum will accrue daily on my rate assessment until payment is made in full.

Should I fail to keep this arrangement I understand that legal action may commence.

*Payment Options: Cash, Cheque, Credit Card, EFTPOS and BPay

Applicant (1) Signature _____ Date _____

Applicant (2) Signature _____ Date _____

Privacy Statement

Barcaldine Regional Council is collecting your personal information for the purpose outlined on this form this document will be stored according to the *Privacy Act 2009* in a secure document management system as authorised under the s.*26 of the Public Records Act 2002,The Information Privacy and Other Legislation Amendment Act 2023 (IPOLA) and updates* for the disposal of common and administrative public records created by all public authorities.

Lodgement of your application

MAIL Post to 'PO Box 191, Barcaldine QLD 4725'
Email to rates@barc.qld.gov.au

IN PERSON Visit any BRC Administration Office from 8.00am to 4.30pm Monday to Friday

Alpha	43 Dryden Street
Aramac	35 Gordon Street
Barcaldine	71 Ash Street

OFFICE USE ONLY

Assessment _____ O/S Balance $_____ as at _____

Agreement ☐Approved ☐Not approved DM Signed: _____

Reason if not approved _____

_____

Date entered into Rates Manager _____ Officer signed _____