Application to pay rates by instalments



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 does not/ cannot 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 | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lodgement of your application** | | | | |
|  | | | | |
| MAIL | Post to ‘PO Box 191, Barcaldine QLD 4725’  Email to [rates@barc.qld.gov.au](mailto:rates@barc.qld.gov.au) | | | |
|  | | | | |
| IN PERSON | | Visit any BRC Administration Office from 8.00am to 4.30pm Monday to Friday | Alpha Aramac Barcaldine | 43 Dryden Street  35 Gordon Street  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 | |  | | |