

RATES PENALTY REMISSION APPLICATION FORM

VALUATION NUMBER

Of the property to which the rates remission application applies. _____

APPLICANT CONTACT DETAILS			
Name and Postal Address:			
Mobile:	Day:	A/hrs:	E-mail:

CRITERIA FOR APPLICATION UNDER LATE PAYMENT POLICY	
<i>Please indicate which of the following criteria you are applying under this remission application by ticking the appropriate box. ✓</i>	
A.	Where the ratepayer's payment history, over the preceding 24 months from the date of the penalty, shows all payments have been made by the due date.
B.	Personal circumstances, such as family illness, death or other tragedy.
C.	An error made by the Council or a third party (e.g. a rates notice is not delivered to the correct address in the first year of ownership).
D.	Where the ratepayer is in arrears, Council may assist in resolving the debt situation by the remission of all or any part of the additional charges, whether already made or yet to be incurred.
Please give reasons in support of your application for remission:	
Signature of Applicant:	Date of Application:
You will be advised in writing whether or not your application for remission has been approved.	

OFFICE USE ONLY		Penalty Remission Register Number:
Rating Year:	Amount and Instalment Number:	Arrears Penalty:
APPROVED / DECLINED		
Signed by Finance Unit Manager:		
Signed by Group Manager Corporate Services:		
Date remitted (if approved):	By whom (name):	

