

# APPLICATION FOR RATES PAYMENT ARRANGEMENT

Section 6.45 of the Local Government Act 1995



## Privacy

The personal information collected on this form will only be used by the City of Perth for the sole purpose of providing requested and related services. Information will be stored securely by the City and will not be disclosed to any third parties without your express written consent.

## Copyright

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## City of Perth

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**Instructions:** Please print clearly using **black pen** in the spaces provided.

Please note:

- As per the City's Schedule of Fees and Charges, an arrangement administration fee of \$35.00 will be added to your account if approved.
- Interest is charged at 11% p.a. on any outstanding balance and is calculated daily until the account is paid in full.
- All payment arrangements must be cleared in a timely manner acceptable to the City of Perth.
- No reminder notices will be issued for this payment arrangement. If your application is approved, a letter will be sent to you advising of the approval along with a schedule of the amounts and due dates for payments.
- If payment is defaulted more than once, the arrangement will be cancelled immediately and your account may be referred to the City's debt collection agency for recovery action.
- Please contact the Rates Section for the correct payout figure prior to making the final payment.

## 1. RATEPAYER DETAILS

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Postcode:	<input type="text"/>
Mobile:	<input type="text"/>	Facsimile:	<input type="text"/>
E-mail:	<input type="text"/>		
Property Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Assessment No:	<input type="text"/>		

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## 2. PROPOSED PAYMENT ARRANGEMENT DETAILS

Payment frequency:

Weekly     Fortnightly     Monthly     Other

If other, please specify:

Total Amount  
Outstanding:

Proposed Payment  
Amounts:

Payment Dates:

Commencement date: \_\_\_\_\_ Last payment: \_\_\_\_\_

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## 3. AUTHORISATION

Applicants  
Name:

Applicants  
Signature:

Date:

**Response Time: 3 working days from date of receipt**

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***Please Note: This form is available in alternative languages and formats on request.***