

AUTHORITY TO ACT ON RATEPAYER'S BEHALF

Fields marked with a red asterisk (*) must be filled out.

The purpose of this form is to authorise a nominated person to act on your behalf in relation to a specified rates assessment(s). By completing this form, you consent to Council discussing and, where authorised, conducting business with the nominated representative regarding the assessment(s), including account enquiries, correspondence, payments, payment arrangements, and other matters outlined in the authority provided.

This authorisation assists Council in protecting personal information, meeting its privacy obligations, and ensuring that instructions and requests relating to the rates account are received from appropriately authorised persons.

Where there is more than one existing ratepayer for any property listed, all ratepayers must provide their consent via Part A of this form. Council will not communicate or provide information to the listed authorised person until consent from all parties is received.

PART A – Request Details *

I, of

authorise
to discuss and act on my behalf in relation to the rates assessment(s) specified in Part C. This authorisation includes obtaining account information, discussing outstanding balances, payment arrangements, and/or receiving correspondence regarding the assessment(s).

Secondary Owner Request Details (if required)

I, of

authorise
to discuss and act on my behalf in relation to the rates assessment(s) specified in Part C. This authorisation includes obtaining account information, discussing outstanding balances, payment arrangements, and/or receiving correspondence regarding the assessment(s).

PART B – Property Details *

Assessment No.	Property Address
E.g. 123456789	92 Nelson Street, Nhill VIC 3418

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Please attach list of additional assessments if space provided is insufficient.

PART C – Declaration *

I certify that the information supplied is true and correct. My contact details are listed below should Council require any further information or wish to discuss this authorisation.

I understand and acknowledge that this authorisation will remain in effect until Council receives written notice from me revoking or amending the authority granted under this form.

Signature*:

Name (printed)*:

Phone Number:

Date*:

Email:

Secondary Owner Declaration (if required)

Signature:

Name (printed):

Phone Number:

Date:

Email:

PART D – Privacy Information

This information is collected by Hindmarsh Shire Council to verify and record authority for a nominated representative to act on behalf of the property owner or authorised account holder. Council collects, uses and stores personal information in accordance with the *Privacy and Data Protection Act 2014 (Vic)* and will only disclose information as permitted by law or as authorised by the individual concerned.

You can find out more about how we use and protect your information in our privacy policy on www.hindmarsh.vic.gov.au. If you require access to the information, you have provided us, please contact Council on 03 5391 4444.

PART E – Submission

By Post	In Person	Via Email
Hindmarsh Shire Council PO Box 250 NHILL VIC 3418	Hindmarsh Shire Council 92 Nelson Street NHILL VIC 3418	info@hindmarsh.vic.gov.au rates@hindmarsh.vic.gov.au