



Authorising a Person or Organisation to Enquire or Act on your Behalf

PART A:

Owner's Details:

Name/s:		
Postal Address:		
Suburb:	State:	Postcode:
Phone:	Email:	

Property Details:

Assessment Number:		
Address:		
Suburb:	State:	Postcode:

PART B:

i. Period of Access:

Indefinitely: OR Commencing ___/___/___ Ending ___/___/___

ii. Type of Access you are requesting:

Person Permitted to Enquire

They can ask questions about your payments and services. They cannot make updates to your payments and services.

Person Permitted to update

They can ask questions about your payments and services and provide information to update your payments and services.

Correspondence Nominee

They can ask questions about your payments and services, tell us about changes to your circumstances, complete and sign forms, attend appointments with you or on your behalf (if applicable) and get copies of rates notices or letters from Council.

Payment Nominee

They can make payments and change payment details on your behalf.

PART C: Authorise a Person or an Organisation Details (to be completed by the Owner of the Property):

Authorise a Person
(Complete the relevant Section)

Authorise an Organisation

Authorised Person Details:

Name/s:		
Postal Address:		
Suburb:	State:	Postcode:
Phone:	Email:	

Authorised Organisation Details:

Business Name/s:		
Postal Address:		
Suburb:	State:	Postcode:
Phone:	Email:	
ABN:	Contact Person Name:	

PART D: Customer Declaration and Authorisation

I declare that the information I have provided in this form is complete and correct. **I authorise** the person or organisation named on this form, to deal with Balonne Shire Council on my behalf according to the type of access shown on this form.

I understand that:

- this is voluntary, and I can cancel this arrangement at any time.
- the type of access may be rejected or cancelled at any time by Council if the person or organisation is not able to meet their responsibilities and obligations.
- giving false or misleading information is a serious offence.

Signature of Applicant: _____

Date ___ / ___ / ___

Applicant Full Name (BLOCK LETTERS): _____

PART E: To be completed by the Authorised Person or Organisation

Authorise a Person

Authorise an Organisation

Authorised Person Details:

Name/s:		
Postal Address:		
Suburb:	State:	Postcode:
Phone:	Email:	

Authorised Organisation Details:

Business Name/s:		
Postal Address:		
Suburb:	State:	Postcode:
Phone:	Email:	
ABN:	Contact Person Name:	

Authorised Person or Organisation Declaration:

I declare that I:

- understand and accept the responsibilities and obligations for the type of access requested in this form.
- will act in the best interest of the customer.

I understand that:

- any personal information I am given access to under this type of access is protected under Commonwealth legislation. I agree to access, use, or disclose the information only as authorised by the person to whom the information relates.
- the type of access may be rejected or cancelled at any time by Balonne Shire Council if I am not able to meet my responsibilities and obligations. giving false or misleading information is a serious offence.

I have attached the following attachments to this form:

- Drivers Licence
- Birth Certificate
- Other

Signature of Authorised Person/Organisation : _____

Full Name (BLOCK LETTERS): _____

Date ___/___/___

Forward to:

The Chief Executive Officer
Balonne Shire Council
PO Box 201
ST GEORGE QLD 4487

rates@balonne.qld.gov.au

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Doc ID:	Added to Synergy:	Rates Officer: