

## RATES NOTICE TO BE EMAILED - REQUEST FORM

Please lodge this form with the Rates Section:

Charters Towers Regional Council, PO Box 189, Charters Towers Qld 4820 or Fax to: 07 4761 5344 or scan and email to mail@charterstowers.qld.gov.au

Important: Please note that the email request is not confirmed as received by Council until in return, you receive a copy of this form, with the shaded Confirmation Section, dated, numbered and signed. It is the responsibility of the Property owner to ensure they receive the confirmation form Please use black pen

1. CONTACT INFOR	MATION					
Owner 1 Name	INIATION				Name ID	
Owner's Name					(Office Use)	
Contact Number						
Owner 2 Name					Name ID (Office Use)	
Contact Number					(Cimes ess)	
Owner 3 Name					Name ID (Office Use)	
Contact Number					(Office Ose)	
2. AUTHORITY						
Give details of your	authority for p	roviding this inf	ormation b	y ticking one	box below:	
☐ Property Owner [	☐ Power of Attor	ney   Authoris	ed Represer	ntative		
3. EMAIL ADDRESS	:					
						-
4. RATE RECORD						
Please list all prope	rties owned wit	thin the Charters	s Towers R	egion to whic	h the new email a	ddress
4. RATE RECORD Please list all prope applies: CUSTOMER REFERE			S Towers R		h the new email a	
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Please list all prope applies:  CUSTOMER REFERE						
Please list all prope applies:						
Please list all prope applies:  CUSTOMER REFERE  5. SIGNATURE	NCE NUMBER	PROPE	ERTY ADDRE	ESS	ASSESSMENT NU	MBER
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The information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application/reques Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Right to Information Act 2009 ar Information Privacy Act 2009). This information will be stored on Council's database. The information collected will be retained as required by the Public Records Act 2002.

PO Box 189 CHARTERS TOWERS QLD 4820 Administration: 12 Mosman Street

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