

F0014
NOMINATE AN AUTHORISED REPRESENTATIVE

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

SECTIONS 1-4 MUST BE COMPLETED
FORM TO BE SIGNED BY ONLY ONE OWNER/DIRECTOR

Section 1 – Owner’s name	
Owner’s full legal name OR	
Director’s name and Company name	

Section 2 – Owner’s contact details (For identification purposes)			
Current Postal Address			
Suburb		State/Postcode	
Email		Phone	

Section 2A – Complete this section ONLY if you would like to update your postal address with Council			
New Postal Address			
Suburb		State/Postcode	
Email		Phone	

Section 3 – List the properties that you own that are subject to this Nomination (for additional properties please attach a list)			
Property address 1			
Customer Reference Number:		Assessment No.	
Property address 2			
Customer Reference Number:		Assessment No.	
Property address 3			
Customer Reference Number:		Assessment No.	

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/request. 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 and 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.

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Section 4 – Authorised representative details – please complete a separate box for each separate nominee
(for additional nominees please attach a list)

Full legal name			
Company name			
Employee position (optional)			
Email		Phone	

Additional authorised representative details

Full legal name			
Company name			
Employee position (optional)			
Email		Phone	

Declaration – Please sign and date this nomination

I am requesting to add the Authorised Representative/s to have full access to my specified Rates and Water Account information. I am aware that by adding an Authorised Representative they will have authority to discuss and make changes on my Accounts. They will not have access to my direct debit information or be able to add/remove another authorised person. I understand that if I wish them to be removed from my customer record it is my responsibility to contact Charters Towers Regional Council.

By accepting this declaration and/or completing this form you are verifying that: you are duly authorised to make this application; the statements and information provided are accurate, true and complete; you have received all relevant third-party consents and authorisations; you attest to the validity of all content within this application.

Please allow up to 10 business days from the time of receipt to have this request actioned.

Signature of Applicant	
Date:	

OFFICE USE ONLY

DATE FORM RECEIVED		PROCESSED BY:	
CONFIRMATION ADVICE	Dated: ___/___/___	Doc. No. _____	Initials: _____

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