



## APPLICATION TO PAY RATES BY ARRANGEMENT

<b>Ratepayer:</b>			
<b>Postal Address:</b>			
<b>Phone Nos :</b>			
<b>Email Address:</b>			
<b>Assessment No/s:</b>			
<b>Property Address:</b>			
<b>Payment Amount:</b>			
<i>Please circle</i>	Weekly	Fortnightly	Monthly
<b>Starting Date</b>			

I understand that this request requires written approval from Council and that if approved, should I default in my payments and do not advise Council, legal action may be re/comenced against me. I also understand that any amount in arrears will continue to attract fines and interest in accordance with the Local Government Act 1999.

<b>Signed</b>		<b>Date:</b>	
<b>Council Use Only</b>			
<b>Approved:</b>		<b>Date:</b>	

Please complete this form and return to: Chief Executive Officer  
 District Council of Robe  
 PO Box 1  
 ROBE SA 5276