

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "N/A" if the question does not apply.

To act on my behalf

Supporting Documentation

please attach certified copy of supporting documents (if any), eg:

- Power of Attorney
- Court
- Tribunal
- Guardianship, or
- Administrative Order

REGISTERED PROPERTY OWNER DETAILS

| | | | | |
|-----------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss |
| Full name | <input type="text"/> | | | |
| Company | <input type="text"/> | | | |
| Postal address | <input type="text"/> | | | |
| Locality/Suburb | <input type="text"/> | State | <input type="text"/> | Postcode <input type="text"/> |
| Phone | <input type="text"/> | Fax | <input type="text"/> | |
| Mobile | <input type="text"/> | Email | <input type="text"/> | |

RATE ACCOUNT DETAILS

| | | | |
|--------------------|----------------------|----------------------|----------------------|
| Assessment Number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Property Address: | <input type="text"/> | <input type="text"/> | <input type="text"/> |

NOMINATED PERSON OR ORGANISATION DETAILS

| | | | | |
|-------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss |
| Full name | <input type="text"/> | | | |
| Organisation name | <input type="text"/> | | | |
| Postal address | <input type="text"/> | | | |
| Locality/Suburb | <input type="text"/> | State | <input type="text"/> | Postcode <input type="text"/> |
| Phone | <input type="text"/> | Fax | <input type="text"/> | |
| Mobile | <input type="text"/> | Email | <input type="text"/> | |

Do you want your rates notice/s to be issued care of the nominated person/organisation above?

☐ Yes ☐ No

Date you wish to terminate this Authority

(leave blank for Authority to continue until otherwise advised in writing to Council)

AUTHORISATION

I, the registered property owner as named in this form, hereby:

1. authorise the nominated person/organisation as named in this form to act on my behalf with Cook Shire Council ("Council") and represent my interest regarding my rates account/s as listed in this form for the following specified purposes:
 - a) notifying Council of changes to my postal address for my rates account/s; and
 - b) making enquiries and disclosing to, receiving from and exchanging with Council information (including person, financial and property ownership and occupation information) about me, my property/s and my rates account/s.
2. Consent to Council and the named nominated person/organisation disclosing to, receiving from and exchanging with the other information (including personal, financial and property ownership and occupation information) about

Applicant's Signature

Date

Information Privacy Statement:

Your personal information has been collected for the purpose of assessing your application. The collection of this information is in accordance with the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

OFFICE USE ONLY

Approval issued ☐ Yes ☐ No

Date Received

Received by