

Council Rates Payment Arrangement Application Form



Please complete this form in **BLOCK LETTERS** and return by:

-) **Post:** PO Box 11, Victor Harbor SA 5211
-) **Email:** localgov@victor.sa.gov.au
-) **In person:** 1 Bay Road, Victor Harbor

P 08 8551 0500
F 08 8551 0501
E localgov@victor.sa.gov.au
www.victor.sa.gov.au

Please note: Completion of this form does not automatically grant approval, you will receive written confirmation of your application. All payment arrangements made with the City of Victor Harbor will be monitored regularly

Applicant Details

Name _____
Address _____
Email _____ Phone _____

Property Details

Assessment Number A _____ Valuation Number _____
Address _____
Owner _____

Please tick the appropriate arrangement:

- Due date extension of \$ _____ Until ____/____/____ **OR**
 Regular repayments of \$ _____ per week fortnight month
Date of first payment: ____/____/____ Date of last payment: ____/____/____

Please indicate what part of your 2018/19 Council rates this arrangement relates to:

- 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
 30th June 2018 arrears Total due: _____

Quarterly installment notices will continue to be posted to you as normal. If you need to make an amendment to this arrangement at any time please contact the Rates and Assessment Officer. While legal action is not taken for properties with a payment arrangement, failure to keep an arrangement may result in the placement of your account into the hands of Council's debt collectors. This action may incur further costs which will be added to your account.

Signature of applicant: _____ Date: ____/____/____