



RATE REMISSION APPLICATION FORM

Remissions of rates, fines and postponement of rates on the basis of hardship are provided for under the Local Government Act 1999. In particular Section 182 contains provisions for remission or postponement of rate in whole or in part on the basis of hardship.

SECTION 1 – OWNERSHIP/RATEPAYER DETAILS

Applicants Name	
Property Owners Name/s (if different to applicant)	
Postal Address	
Telephone Number/s	
Assessment Number	
Physical Address	
Are you the owner of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to the above question is 'No', are you the Principal Ratepayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this your principal place of residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 – CONCESSION DETAILS

Concession Type <i>Pensioner, SFR concession, Centrelink beneficiary, health care card holder.</i>	Pensioner, Seniors Card or Centrelink card number <i>(shown on your card)</i>	Date of grant or date benefits commenced

Are you a recipient of the Cost of Living Allowance?

Yes No

If the answer to the above question is 'No', do you require information on how to apply?

Yes No

SECTION 3 – REMISSION REQUEST (select one)

Remission (in part) of Waste Collection Service Levy

Other (please state reason for this request below, attach a separate sheet if more room is required):

SECTION 4 – DECLARATION

I wish to apply for a remission on my rates and declare that the information provided is true and correct:

Name:	Signature:	Date:
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Please lodge the completed application to:

In person 11 Burton Terrace, Wudinna
By Mail PO Box 6, WUDINNA SA 5652
By Fax 08 8680 2296
By Email admin@wudinna.sa.gov.au

Once the application has been assessed, you will be advised in writing. Until you are advised of the outcome of your application please ensure that you pay your rates notice or statutory fines and/or interest will apply. Please note the payment of any amounts due cannot be deferred pending outcome of this application.

OFFICE USE ONLY	
Assessed By:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Letter Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Record No:	