

Third Party Authority Form – Rates and Water Accounts



Privacy Notice: Council deals with your personal information in accordance with law including the *Information Privacy Act 2009*.

This form is to be completed when a customer would like to authorise or cancel authorisation for another party to act on their behalf to manage their Council rates and/or water account/s.

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Customer Details			
Organisation name:			
Contact name:			
First	Middle	Last	
Date of birth:			
Residential address:			
Street number and name	City	State	Postcode
Postal address (if different):			
Preferred contact number:		Email:	
Request Details			
Request type: <input type="checkbox"/> Approve authority <input type="checkbox"/> Cancel authority			
Property One			
Property address:			
Street number and name	City	State	Postcode
Lot number:	Plan number:		
Rates assessment number:	Water assessment number:		
Property Two			
Property address:			
Street number and name	City	State	Postcode
Lot number:	Plan number:		
Rates assessment number:	Water assessment number:		

OFFICE USE ONLY	Receiving officer:	Date:
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Nominated Representative Details

Representative One

Contact name:

First

Middle

Last

Date of birth:

Residential address:

Street number and name

City

State

Postcode

Postal address (if different):

Preferred contact number:

Email:

Representative Two (if applicable)

Contact name:

First

Middle

Last

Date of birth:

Residential address:

Street number and name

City

State

Postcode

Postal address (if different):

Preferred contact number:

Email:

Security Details

If you would like to assign a password to the account please nominate:

Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

- If this request is related to Executor of the Will or Power of Attorney permission please provide a copy of the supporting documentation.

Declaration

I authorise the representatives listed on this form to be provided with information regarding my Council rates and/or water account/s. I understand the representatives will:

- Have access to my personal information until I advise Council that I wish to cancel or amend this arrangement;
- Be required to pass a security check to access my rates and/or water account details; and
- Not receive login details for online services.

I declare that the details on this form are correct to the best of my ability.

Name:

Signature:

Date: