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.

P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: www.rrc.qld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Property Owner Details									
Property Owner Name:									
Date of birth:									
Residential addre	ess:								
	Street number and nam	e		City	State	Postcode			
Postal address (i	f different):								
Preferred contact number:			Email:						
Please note: These details will be utilised to update Council's Rates Records									
Request Details									
Request type:				🗆 Can	cel authority				
Property One									
Property address	S:								
	Street number and nam	e		City	State	Postcode			
Lot number:			Plan n	umber:					
Rates assessment number:			Water assessment number:						
Property Two									
Property address	5:								
	Street number and nam	e		City	State	Postcode			
Lot number:			Plan number:						
Rates assessment number:			Water assessment number:						
Nominated Representative Details									
Representative One									
Organisation name:									
Contact name:									
	First		Mi	ddle	Last				
OFFICE USE ONLY	ceiving officer:			Date:					

Date of birth:									
Residential address:									
	Street number and name		City	State	Postcode				
Postal address (if different):									
Preferred contact number:		Email:							
Representative Two (if applicable)									
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:							
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 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:					