



LATROBE COUNCIL

APPLICATION FOR RATES PAYMENT ARRANGEMENT

Property Address: _____

Assessment Number: _____

1. I/We _____

request approval to pay the rates by form of a payment schedule as outlined below.

Amount: _____

Frequency: _____

Start date of payments: _____

2. I/We understand that the arrangement will only be accepted once this form is completed and returned.

4. I/We understand that the balance of rates is to be settled within the current financial year including any arrears owing from previous year's rates.

5. If financial circumstances should cause the delay of any payment or the inability to maintain the agreement you must notify Latrobe Council immediately.

6. I/We understand that should two consecutive payments not be honoured then the Latrobe Council will refer the account to a Debt Collection Agency for further action.

7. I/We understand that this request is NOT approved until signed by a Latrobe Council authorising officer and a confirmation letter is received.

Signed: _____ Date: _____

Phone Number: _____

Email: _____

Office Use Only

AUTHORISING OFFICER: _____

DATE APPROVED: _____