

Rates Remission Penalties

This application is made under Council's Policy on Remission of Penalties (Policy on reverse).

1. Applicant Details

Ratepayer Name: _____ Contact Person: _____

Contact Postal Address: _____

Telephone: _____ Email: _____

2. Rating Unit Information

Valuation Number / Water Account: _____ Amount of Penalty Incurred: \$ _____

Property Location: _____

3. Please identify under which policy clause you are applying for remission *(tick one)*

- a. Where there exists a history of regular, punctual payment over the last two years and payment is made within a short time following the ratepayer being made aware of the non-payment, a one-off reduction in penalties may be made.
- b. Where an agreed payment plan is in place, penalties may be suppressed or reduced, where the ratepayer complies with the terms of the agreed payment plan.
- c. Where the rates instalment was issued in the name of a previous property owner.
- d. Where a ratepayer has been ill or in hospital or suffered a family bereavement or tragedy of some type and has been unable to attend to payment, on compassionate grounds.
- e. Where an error has been made on the part of the Council staff or arising through error in the general processing which has subsequently resulted in a penalty charge being imposed.
- f. Where the remission will facilitate the collection of overdue rates and it results in full payment of arrears.
- g. Where the remission facilitates the future payment of rates by direct debit within a specified timeframe.
- h. Where ratepayers can reasonably expect a rates remission for the rating year where their application has not yet been approved, or where the final date for lodging the remission application has not yet passed.

4. Please provide relevant details and background

5. Have you applied for a remission in the last two years? *(tick one)* Yes No

6. Have rates due been paid? *(tick one)* Yes No

Note: if the penalty is remitted, it will show under "Less remissions" on your next rates invoice.

Signed: _____	Name: _____	Date: _____
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