



Application for Commitment to Pay Rates

Owner's Details:

Name/s:		
Postal Address:		
Suburb:	State:	Postcode:
Phone:	Email:	

Property Details:

Assessment Number:		
Address:		
Suburb:	State:	Postcode:

Rates Amount Due: _____

Payment Options:

Amount _____, per: Week Fortnight Month

(A charge of 8.03% compounding interest calculated on daily rests will be made and levied on rates and charges that remain outstanding for sixty (60) days after the date of issue)

Start Date of Payment: ____ / ____ / ____

Signature/s

I/we, the above-named applicant/s, do sincerely declare that the information shown on this application is true and correct.

Signature of Applicant: _____ Date ____ / ____ / ____

Signature of Applicant: _____ Date ____ / ____ / ____

Forward to:

The Chief Executive Officer
Balonne Shire Council
PO Box 201
St George QLD 4487

Council@balonne.qld.gov.au

Office Use Only	
Doc ID:	Rates Officer: