



APPLICATION FOR COMMITMENT TO PAY
RATES

Assessment No: _____

Owner's Name: _____

Address: _____

Rates Amount Due: \$ _____

Payment Options:

Amount \$ _____ Per - Week Fortnight Month

(Please note that any outstanding balances as at 30 June of each year accrue interest on the debt at 11% compound per annum)

Start Date of Payment: _____

Signature of Applicant: _____

Date: _____

Forward to: The Chief Executive Officer
Balonne Shire Council
PO Box 201
ST GEORGE QLD 4487