RATES ACCOUNT AUTHORITY



TO ACT ON MY BEHALF - APPLICATION	
Name(s) of Registered Property Owner:	
Property Owner's Postal Address:	

RATE ACCOUNTS: (ATTACH A SEPARATE SHEET IF MORE THAN 3 ACCOUNTS		
Assessment No:	Property Address:	
Assessment No:	Property Address:	
Assessment No:	Property Address:	

NAME OF NOMINATED PERSON OR ORGANISATION TO ACT ON MY BEHALF FOR THE PURPOSES SPECIFIED IN THIS FORM.		
Name of Contact Person/Organisation:		
Nominated Person/Organisation Contact Details:		
Postal Address:		
Telephone Number:		
Date of Birth:	Email Address:	
Signature of Delegate:		

Should you wish to terminate this Authority you must provide a written request to City of Palmerston - Rates Section and allow 14 days for our records to be amended.

AUTHORISATION

I, the registered property owner named in this form, hereby;

- 1. Authorise the nominated person/organisation named in this form to act on behalf with City of Palmerston ("Council") and represent my interest regarding my rates account(s) listed in this form for the following purposes:
 - (a) Notifying Council of changes to my postal address for my rate account(s); and



- (b) Making enquiries and disclosing to, receiving from and exchanging with Council information (including personal, financial and property ownership and occupation information) about me, my property(s) and my rate account(s).
- 2. Consent to Council and the named nominated person/organisation disclosing to, receiving from and exchanging with the other information (including personal, financial and property ownership and occupation information) about me, my property(s) and my rate account(s) for the purpose of dealing with my rate account(s).
- 3. Note that the delegate is exempt from withdrawing any credit balances.

SIGNATURE:	DATE:
OFFICE USE ONLY	
APPROVING OFFICER:	DATE:

SUPPORTING DOCUMENTATION

Please attach certified copy of supporting documents (if any). e.g.

- Power of Attorney
- Court
- Tribunal
- Guardianship, or
- Administrative Order