



RATES PAYMENT PLAN REQUEST

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Last Updated:	19 th January 2012
Form Ownership:	Rates Officer
Relevant Policy/Act:	Local Government Act 1999, Sec 182

TO:

Chief Executive Officer
 District Council of Grant
 PO Box 724
 MOUNT GAMBIER SA 5290

FROM:

.....

Phone No. (.....)

Re: Property/ies Located at :

.....

Assessment Number/s: A A A

I wish to make application to Council for payment of rates for the above property/ies as follows:

\$ per week / fortnight / month commencing on/...../.....

I understand that this request requires written approval from Council and that if approved, should I default in my payments and do not advise Council, legal action may be re/commenced against me.

Signed

Date/...../.....