Customer Contact **1300 COUNCIL** (**1300 268 624**) 07 4679 4000

www.wdrc.qld.gov.au info@wdrc.qld.gov.au



Application Rates Pension Remission

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009*. The personal information collected on this form will be used to ascertain whether the client is eligible for Council and/or State Government Subsidy. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to Department of Communities, Department of Veteran Affairs and/or Centrelink for the purpose of determining subsidy eligibility. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Property Details						
Property Address:					Assessment No:	
Suburb:			Post	code:		
Customer Details 1 (*phone contact d	etails are required for prod	cessing pu	ırposes)			
Surname:			First N	ame:		
Postal Address:						
Suburb:			Postco	ode:		
*Phone (h):			*Phone	e (w):		
*Phone (m):			Fax:			
Email Address:						
Would you like to receive a response? (Please mark response) If yes, how would you like to be responded to? (Please mark response) Council Rates Remission and Queensland Government Pensioner Rate Subsidy Scheme Card Details						
Pensioner Concession Card. Card issued by:						
☐ Veterans' Affairs	Veterans' Affairs Number					
☐ Centrelink	Centrelink Number CRN					
Repatriation Health Card – For all conditions (Gold Card) and receiving either of the following benefits:						
☐ T.P.I. (Special Rate)	File Number					
☐ War Widow	File Number					
Rates Declaration						
Are you an owner of this property?		Yes	□No			
If property is jointly owned, is the joint owner your other persons who are wholly dependant on you?	spouse/defacto and/or	Yes	□No	□ N/A		
Is the property your principal place of residence?		Yes	☐ No			

ॐ Cu	stomer Details 2 <i>(*phone</i>	e contact details are required for pro	ocessina p	urposes)	
Surname:			<i>J</i> ₁	First Name:	
Postal Addr	ess:			-	·
Suburb:				Postcode:	
*Phone (h):				*Phone (w):	
*Phone (m):				Fax:	
Email Addre	ess:				
Council Rate	s Remission and Queens	sland Government Pensioner Rate S	Subsidy So	<u>heme</u>	
Ca	rd Details				
Pensioner	Concession Card. Card is	ssued by:			
☐ Veteran:	s' Affairs	Veterans' Affairs Number	er		
☐ Centreli	nk	Centrelink Number CRN	l		·
Repatriatio	n Health Card – For all co	onditions (Gold Card) and receiving	either of t	he following ben	efits:
☐ T.P.I. (S	pecial Rate)	File Number			
☐ War Wid	low	File Number			
Ra	tes Declaration				
Are you an	owner of this property?		☐ Yes	□No	
	s jointly owned, is the joint ns who are wholly dependa	owner your spouse/defacto and/or ant on you?	Yes	□ No □ N	/A
Is the prope	rty your principal place of r	esidence?	Yes	□No	
Cu	stomer/s Signature				
		f authorising the Australian Government Do ions or services provided by Western Dow			provide information to Western Downs Regional Council to
I/We, the abo	ve applicant/s, authorise:				
 the Western Downs Regional Council to use Centerlink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs customer details and concession card status to enable the Council to determine if I qualify for a concession or rebate. the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Western Downs Regional Council. 					
 I understand that: the department will disclose personal information to the Western Downs Regional Council including my name, address, payment type, payment status and concession card type and status to confirm my eligibility for relevant concession, rebate service. this consent, once signed, remains valid while I am a customer of Western Downs Regional Council unless I withdraw it by contacting the Western Downs Regional Council or the department. I can get proof of my circumstances/details from the department and provide it to Western Downs Regional Council so that my eligibility for relevant concession/rebate can be determined. if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concession/rebate provided by Western Downs Regional Council. 					
	ve applicant/s, for the purpose order to process this application		sidy, declare	hat the above inforn	nation is true and correct and give permission for Council to
Customer Sig	nature 1:	Name:			Date:

Customer Signature 1: Name: Date:

Customer Signature 2: Name: Date:

Λ	Office	Use	Only
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— 611100 630 6111)	
Assessment Number:	
Card Sighted:	Date:
Copy of Card Supplied and attached to Form: Initials:	Date:
Recommendation:	Approved: