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

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



Application Reticulated Natural Gas Rebate

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009* and *Gas Supply Act 2003*. The personal information collected on this form will be used to ascertain whether the client is eligible for 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:	Gas Account					
Suburb:	Postcode:					
Customer Details 1 (*phone contact details are required for processing purposes)						
Surname:	First Name:					
Postal Address:						
Suburb:	Postcode:					
*Phone (h):	*Phone (w):					
*Phone (m):	Fax:					
Email Address:						
Card Details						
Pensioner Concession Card. Card issued by:						
☐ Veterans' Affairs Number						
Centrelink Number CRN						
Repatriation Health Card – For all conditions (Gold Card) and receiving either of the following benefits:						
T.P.I. (Special Rate)						
☐ War Widow File Number						
Queensland Government Seniors Card Card Number						
Gas Declaration						
Who I live with: (Please read the following statement carefully and tick ✓ the box to confirm that it applies to you)						
I live alone or with other persons as described below: With my spouse/defacto and /or other persons who are wholly dependent on me With other people who hold a Pensioner Concessioner or Queensland Government Seniors Card With other people who receive a Centerlink, Family Assistance Office or Dept of Veterans' Affairs payment, and who DO NOT pay rent With other people who provide care and assistance, and who DO NOT pay rent AND, I DO NOT share my residence with any other persons except casual visitors I advise that the above address is my principal place of residence and is the only residence within Queensland for which the rebate is claimed by me and the above reticulated natural gas account is solely or jointly in my name.						

Customer Details 2	(*phone contact details are required for process	sing purposes)					
Surname:		First Name:					
Postal Address:							
Suburb:		Postcode:					
*Phone (h):		*Phone (w):					
*Phone (m):		Fax:					
Email Address:							
Card Details							
Pensioner Concession Card	I. Card issued by:						
☐ Veterans' Affairs	Veterans' Affairs Number						
Centrelink	Centrelink Number CRN	Centrelink Number CRN					
Repatriation Health Card – F	For all conditions (Gold Card) and receiving eith	er of the following benefits	:				
T.P.I. (Special Rate)	File Number						
☐ War Widow	File Number						
Queensland Government Se	eniors Card Card Number						
Gas Declaration							
Who I live with: (Please rea	d the following statement carefully and tick ✓ th	e box to confirm that it ap	plies to you)				
	With other people who hold a Pensioner Conces With other people who receive a Centerlink, Fampay rent With other people who provide care and assistar AND, I <u>DO NOT</u> share my residence with any oth that the above address is my principal place of residence.	nily Assistance Office or Depote, and who <u>DO NOT</u> pay runer persons except casual vidence and is the only reside	t of Veterans' Affairs pa ent sitors nce within Queensland				
claimed	by me and the above reticulated natural gas account	nt is solely or jointly in my na	ıme.				
	ure purpose of authorising the Australian Government Departs o concessions or services provided by Western Downs Re		ide information to Western	Downs Regional C	ouncil to		
customer details and co	orise: gional Council to use Centerlink Confirmation eServices to oncession card status to enable the Council to determine i nent Department of Human Services (the department) to p	f I qualify for a concession or rel	bate.		ns' Affairs		
 the department will disc type and status to confi this consent, once sign or the department. 	close personal information to the Western Downs Regionarm my eligibility for relevant concession, rebate service. ed, remains valid while I am a customer of Western Down	s Regional Council unless I with	draw it by contacting the V	Vestern Downs Reg	gional Counci		
be determined.	rcumstances/details from the department and provide it to to r do not alternatively provide proof of my circumstances	•	, , ,				
Regional Council.	e purpose of obtaining a Pensioner Remission/Subsidy, d		·	•			
Customer 1 Signature:	Name:		Date:	1	1		
Customer 2 Signature:	Name:		Date:	1	1		
Office Use Only			Date.	<u> </u>			
Assessment Number:							

Date:

Date:

Approved:

/

/

Card Sighted:

Recommendation: