

Customer Contact **1300 COUNCIL (1300 268 624)**

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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)

*****Please note if Multiple Customers applying for reticulated natural gas rebate - ONE FORM per person to be submitted*****

Surname:		First Name:	
Postal Address:			
Suburb:		Postcode:	
*Phone (h):		*Phone (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)

☐ Yes

☐ Phone

☐ No

☐ Email



Card Details (*required for processing purposes)

Pensioner Concession Card. Card issued by:

☐ Veterans' Affairs

Veterans' Affairs Number _____

☐ Centrelink

Centrelink Number CRN _____ - _____ - _____

Repatriation Health Card – For all conditions (Gold Card):

☐ Veterans' Affairs

File Number _____

Queensland Government Seniors Card

Card Number _____



Gas Declaration (*required for processing purposes)

(Please read the following statement carefully and tick ✓ the box to confirm that it applies to you)

☐

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.

SIGNATURE REQUIRED ON SECOND PAGE TO FINALISE APPLICATION



Customer Signature

This consent will be used for the purpose of authorising Services Australia to provide information to Western Downs Regional Council to assess your eligibility in relation to concessions or services provided by Western Downs Regional Council.

I, the above applicant authorise:

- the Western Downs Regional Council to use Centrelink 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 business to determine if I qualify for a concession, rebate or service.
- Services Australia to provide the results of that enquiry to Western Downs Regional Council.

I understand that:

- Services Australia will disclose personal information to the Western Downs Regional Council including my name/ address/ and concession card type and status to confirm my eligibility for the Reticulated Natural Gas Rebate.
- 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 Services Australia. I can get proof of my circumstances or details from Services Australia and provide it to Western Downs Regional Council so they can determine my eligibility for the Reticulated Natural Gas Rebate.
- if I withdraw my consent or don't alternatively provide proof of my circumstances or details, I may not be eligible for the Reticulated Natural Gas Rebate provided by Western Downs Regional Council.

I, the above applicant consent to the above:

- ☐ Yes ☐ No (if No, you will be required to provide Western Downs Regional Council a Confirmation of Concession Card Entitlement from Centrelink or a copy of your Concession Card twice yearly to retain Rates Pension Remission eligibility)

Customer Signature:

Name:

Date:

/ /

I, the above applicant, for the purpose of obtaining a Pensioner Remission/Subsidy, declare that the above information is true and correct and give permission for Council to verify data in order to process this application.



Office Use Only

Assessment Number:	
Digital Card Sighted <input type="checkbox"/> Initials: Physical Card Sighted <input type="checkbox"/> Initials:	Date: / /
Copy of Card Supplied and attached to Form: <input type="checkbox"/> Initials:	Date: / /
Recommendation:	Approved:

