

# Request Authorised Person Financial Information /

## Postal Address

### IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form. The personal information collected on this form will be used to authorise a nominated person to discuss all matters regarding your property, as requested below. Your personal information will be accessed by persons who have been authorised to do so. 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*.



### Ratepayer / Customer Details *(phone contact details are required for processing purposes)*

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



### Property Details

Assessment Number	Property Address



### Authorised Person/s Details

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



### Authorisation to discuss all matters, including financial information

I, \_\_\_\_\_ as the owner for the above property, request that Council give permission for, Authorised Person, \_\_\_\_\_ to discuss all matters, including financial information, regarding my property detailed above, until further notice.



### Customer Signature

Name:	Signature:	Date:	/	/	/
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### Authorised Person's Signature

Name:	Signature:	Date:	/	/	/
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### Authorisation to change postal address

I, \_\_\_\_\_ as the owner for the above property, request that Council give permission for, Authorised Person, \_\_\_\_\_ to change my postal address only.



### Customer Signature

Name:	Signature:	Date:	/	/	/
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### Authorised Person's Signature

Name:	Signature:	Date:	/	/	/
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