

COUNCIL RATES AUTHORITY TO ACT FORM

1. Property Details

Assessment Number (if known): A

Property Address: _____

City/Suburb: _____

State: _____ Postcode: _____

2. Ratepayer Information

Ratepayer / Owner Name: _____

Phone Number: _____

Email Address: _____

<u>Residential Address:</u>	<u>Postal Address:</u>
City/Suburb: _____	City/Suburb: _____
State: _____ Postcode: _____	State: _____ Postcode: _____

3. Person or Organisation Being Authorised

I, the ratepayer named above, hereby authorise

Name of Authorised Person / Organisation: _____

Phone Number: _____

Email Address: _____

Relationship to Ratepayer: _____

4. Scope of Authorisation

The above-named person/organisation is authorised to:

- ☐ Obtain information about my council rates account
- ☐ Discuss my account with council officers
- ☐ Request copies of notices and statements
- ☐ Arrange payment plans or negotiate payment matters
- ☐ Update contact details
- ☐ Other (specify): _____

This authorisation **does not** permit:

- * Transferring property ownership
- * Approving legal actions
- * Any activity beyond the permissions selected above

5. Duration of Authorisation

This authorisation is valid:

- ☐ Until _____
- ☐ Until revoked in writing by the ratepayer
- ☐ One-time authorisation (single enquiry only)

6. Declaration & Signature

I declare that I am the lawful ratepayer/owner of the above property, and that the information provided is true and correct.

I understand I may revoke this authorisation at any time by notifying the council in writing.

Ratepayer Signature: _____

Printed Name: _____

Date: _____

Authorised Person's Signature: _____

Printed Name: _____

Date: _____

Please return completed form to Rates Officer or email: rates@kicouncil.sa.gov.au

