

Change of Rating Category Form

OWNER & PROPERTY DETAILS

Property Owner:						
Contact Name (if diffe	erent to above):					
Property address:						
Postal address (if diff	erent to above):					
Would you like your p	ostal address updat	ted to the above for Council correspondence				
	Yes □	No □				
Contact numbers: (h)		(m)				
Email address:						
Property ID		Land area (if known)				
Current Category of L	_and	Proposed Category of Land				
Is the land vacant or	are the any buildings	s or structure on the described land?				
Reason why the proposed category is more appropriate (please note that documentary evidence will be required by Council)						

INFORMATION DECLAR	ATION							
I,, hereby declare that the information contained in this application is true and correct and I have provided copies of all relevant documents as required								
Signature:								
I have included supporting	g documentat	tion with	ո my appli	cation.				
Yes □								
SITE VISIT DECLARATION	<u>NC</u>							
Council staff will endeavon have provided. However, to request more information necessary).	where furthe	r details	are requi	ired, Council may	contact you			
I hereby consent to Coun carrying out and recording								
Do you wish to be present	t if an inspect	tion is re	equired?					
Yes			No □					
Signature:				Date:				
OFFICE USE ONLY	Date	Received	d/	/				
Further information required?		Yes		No				
DECISION	Approved			Declined				
Revenue Officer Name: Revenue Officer Signed:								