Letter of Authorisation - Ratepayers



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Complete this form if you are a Frankston City Council ratepayer and want to:

- authorise another person to make enquiries, provide information and request services regarding your property and rates account
- authorise an organisation to make enquiries, provide information and request services regarding your property and rates account
- amend an existing authorisation
- cancel an existing authorisation

SECTION 1: RATEPAYER'S DETAILS				
Ratepayer's first name/s	Ratepayer's last na	me		
Ratepayer's contact number	Ratepayer's email a	address		
Ratepayer's postal address				
SECTION 2: PROPERTY DETAILS				
This authorisation relates to the following property.				
Street address of property				
Suburb	State	Postcode		
OR				
This authorisation relates to all properties I own in the Frankston municipality.				
SECTION 3: AUTHORISATION				

Is this authorisation for a person or an organisation?

Authorising a person ► go to next section

Authorising an organisation ► go to section 5

SECTION 4: AUTHO	ORISED PERSON'S DETAI	LS		
Authorised person's	first name/s		Authorised pe	erson's last name
Authorised person's	contact number		Authorised pe	erson's email address
Relationship to rate	payer			
I authorise that the r	nominated person:			
only be provid	led with information to make	payme	ents	
act on my beh	nalf to discuss, add, change	any info	ormation and i	equest services
SECTION 5: AUTHO	ORISED ORGANISATIONS			
Trading name of org	ganisation		Contact name	e at organisation
Organisations conta	ct number	ı	Organisations	s email address
Our principalities and a sector	Ladduses	l		
Organisations posta	ı address			
I authorise that the r	nominated organisation:			
only be provid	led with information to make	payme	ents	
act on my behalf to discuss, add, change any information and request services				
has all correspondence in relation to my rates account sent directly to them				
	,			
SECTION 6: DECLA	ARATION			
I declare that the information I have provided is true and correct. I authorise the nominated person/organisation to act on my behalf as indicated above and consent to Frankston City Council disclosing information about my property and rates account to them.				
Ratepayers Name (BLOCK LETTERS)				
Signature			Date	

SECTION 7: CAN	CELLATION OF EXISTING AUTHORIS	SATION
Please car	ncel my existing authorisation/s for the a	above mentioned property/properties.
HOW TO SUBMIT		
Please forward you	ur completed form via one of the metho	ds below.
i In Person	Frankston City Council - Civic Centre 30 Davey Street Frankston VIC 3199	
	Langwarrin Customer Service Centre Shop 6, The Gateway 230 Cranbourne-Frankston Road Langwarrin 3910	
	Seaford Community Centre 1/6 Broughton Street Seaford 3198	
ਾ By Mail	Frankston City Council PO BOX 490 Frankston VIC 3199	
⊠ By Email	Please email the completed application documentation to: info@frankston.vic.	, , , , ,
on this form is be identity and author provide will not be authorised by law.	ring collected to enable us to put you prity of the nominated person when t e used or disclosed for other purposes	ivacy. The personal information you provide rauthorisation into effect and to verify the hey contact Council. The information you sunless you provide further consent or as alls change or you wish to amend or cancel another letter of authorisation.
	ation, including how to access your pe kston.vic.gov.au or contact Council's pr	ersonal information, please see our Privacy rivacy officer on 1300 322 322.
	OFFICE USE ONLY	OFFICE STAMP
Officers Name:		
Date:		

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