This form must be saved to your computer before completing. Forms completed in a web browser may not save correctly and your application could be lost. Please open and complete this form using Adobe Reader, which can be downloaded for free <u>here</u>.



## APPLICATION FOR PAYMENT ARRANGEMENT REQUEST FORM

Your details:

Property ID
Full name(s)
Property address
Postal address (if different to address above)
Daytime contact number
Email address

### Proposed payment arrangement plan:

\$. per	Week	Fortnight	Month	Payment in full
Method of payment	B-Pay	Australia Post	Payment online	Outstanding balance
Commencement date: / /		Completed date	e: / /	

## Please provide an explanation for this proposed arrangement:

# APPLICATION FOR PAYMENT ARRANGEMENT REQUEST FORM



### **Conditions:**

By signing this form I agree to the conditions below:

- An arrangement fee of \$57.00 is applicable to this payment arrangement unless the proposed payment arrangement is paid in one payment (eligible pensioners/seniors receive a 50% discount on this fee).
- Late payment interest of 7.0% pa calculated daily from the due date will accrue over the payment period. You will need to contact the Rates Department on 9439 0200 prior to your last payment to confirm the final amount.
- It is the responsibility of the ratepayer to ensure that the agreed payment amount is paid on or before the agreed scheduled payment date. Reminder notices will not be issued.
- Failure to adhere to the above conditions will result in the City cancelling the arrangement and the full amount, including any penalty interest, will become due and payable. Legal action may recommence without further notice. A \$57.00 cancellation fee applies.
- This arrangement will be reviewed by council staff from time to time to ensure compliance with your formal arrangement.
- Payments should commence as per the proposed arrangements, pending formal approval/acceptance.

Signature/s		Date / /		
Please return the completed form	1			
By post to:	By email to:	Or by person at:		
City of Kwinana PO Box 21 KWINANA WA 6966	customer@kwinana.wa.gov.au	City of Kwinana Administration Centre, Corner Gilmore & Sulphur Road Kwinana		
Officer recommendation:				

Authorised signature/name	Date	/	/	

Office use only:				
Granted	Declined			
Aut	horised signature/name Da	ate /	/	
/////		10 1	/	