



Application to Transfer Credit **on Rates Account**

NAME: _____

ADDRESS: _____

AUTHORISATION

I hereby advise and request that Council transfer the credit of \$ _____ on

Assessment number _____ in the name of _____

to Assessment number _____ in the name of _____

Signature

___ / ___ / ___

Dated

Privacy Statement

The collection of this information is authorized under Local Government Act 2009. This information will be used to confirm ownership of properties and authorization to transfer funds. Unless authorized or required by law, your personal information will not be disclosed to any third party without your consent. More information about privacy management in the Central Highlands Regional Council is available on our website.