I hereby submit an application for a payment arrangement to clear my outstanding rates debt.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Details** | | | | | | | | | | | | | | | | | | | | |
| **Surname:** | |  | | | | | | | | | | | | | | | | | | |
| **Given Names:** | |  | | | | | | | | | | | | | | | | | | |
| **Property Address:** | |  | | | | | | | | | | | | | | | | | | |
| **Suburb:** | | |  | | | **State:** | | | |  | | **Postcode:** | | | | | |  |
| **Postal Address**  **(if different to above address):** | |  | | | | | | | | | | | | | | | | | | |
| **Suburb:** | | |  | | | **State:** | | | |  | | **Postcode:** | | | | | |  |
| **Assessment Number:** | | A | | | | | | **Phone Number:** | | | | | | | |  | | | | |
| **Current Arrears:** | |  | | | | | | | | | | | | | | | | | | |
| **Remaining Rates for Current Financial Year:** | |  | | | | | | | | **As At Date:** | | | | | | | |  | | |
| **Payment Arrangements** | | | | | | | | | | | | | | | | | | | | |
| Please note that any applications for payment arrangements that will not clear the outstanding debt by the end of the current financial year may not be approved. *Example PTO*  If you are unable to propose a payment arrangement that will fulfil this condition, contact Councils Rates Officers on 8539 1100 to discuss. | | | | | | | | | | | | | | | | | | | | |
| **I Request to Make Payments of:** | | | $ | | | | | | | | | | | | | | | | | |
| **These Payments Will Be Made:** | | | Weekly | | | Fortnightly | | | | | | | Monthly | | | | | | | |
| **Date Commencing:** | | |  | | | | | | | | | | | | | | | | | |
| I acknowledge that fines and interest will continue to be levied on a monthly basis, as prescribed by Section 182 of South Australian Local Government Act 1999.  My final payment will be adjusted to incorporate any fines and interest levied as mentioned above.  I understand I am required to contact Council if my circumstances change. If I fail to do so or fail to pay the approved payment arrangement, legal action may be undertaken against me without further notice to recover any monies outstanding, including collection costs in relation to this matter. | | | | | | | | | | | | | | | | | | | | |
| **Applicant’s Signature** | | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | | | | | | | | | |
| **Signature:** |  | | | | | | | | **Date:** | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Office Use Only** | | | | | | | | | | | | | | | | | | | | |
| **Arrangements Accepted:** | | | | Yes  No | | | **Date:** | | | |  | | | | **Initials:** | | | |  | |
| **Arrangements Set Up On System:** | | | | Yes  No | | | **Date:** | | | |  | | | | **Initials:** | | | |  | |
| **Letter Of Confirmation/Outcome Sent:** | | | | Yes  No | | | **Date:** | | | |  | | | | **Initials:** | | | |  | |

|  |  |
| --- | --- |
| **Example** | |
| Current Arrears | $500 |
| Remaining amount for Current Financial Year | $1500 |
| Total outstanding | $2000 |
| Divide by remaining number of fortnights for the financial year  $2000 ÷ 16 = $125 per fortnight | |