Locked Bag 5
Young, NSW 2594
P: 1300 445 586
E: mail@hilltops.nsw.gov.au
W: www.hilltops.nsw.gov.au

Authority to Agent/Tenant for Rates and Charges/Water Consumption Accounts

How to complete this form

1. Ensure that all fields have been filled out correctly.
2. Please note that fields on this form marked with an * are mandatory and must becompleted.

PART 1: OWNER DETAILS		
Owner 1:		
*Title:	*Given Name/s:	*Surname:
Company/Organisation *(if applicable)*:		ABN:
*Contact Number:	Email:	
Owner 2:		
*Title:	*Given Name/s:	*Surname:
Company/Organisation *(if applicable)*:		ABN:
*Contact Number:	Email:	
PART 2: PROPERTY DETAILS		
Property ID:		
Property Address:		
Town:	Postcode:	State:
PART 3: AUTHORITY DETAILS		
***This application applies to** *(please select one)*:	**Managing agent** ☐	**Tenant** ☐
***Are you applying for a new authority?**	**Yes** ☐	**No** ☐
***Are you amending an existing authority?**	**Yes** ☐	**No** ☐
***Are you cancelling an authority?**	**Yes** ☐	**No** ☐
MANAGING AGENT DETAILS		
Agent Name:		
Postal Address:		
Town:	Postcode:	State:
TENANT DETAILS		
Title:	Given Name/s:	Surname:
Postal Address:		
Town:	Postcode:	State:
PART 4: ACCOUNT DETAILS		
*This change of Authority will apply to (please select):		
Rates and Charges Notices: ☐	Water Consumption Account: ☐	Both: ☐

PART 5: OWNER DECLARATION

I declare that the information in this form is true and complete. Failure to supply full details and owner's consent can result in the application not proceeding.

If you are applying this change on behalf of a company or the owner of the property please supply supporting documents signifying yourself as an authorised representative.

☐ As owner (s) of the above-mentioned property, I/We authorise our Managing Agent/tenant to access all information in regards to the **water consumption account** relating to the above property. All water consumption accounts will be redirected to the Agent/Tenant once this Authority has been processed.

☐ As owner (s) of the above-mentioned property, I/We authorise our Managing Agent/tenant to access all information in regards to the **rates and charges account** relating to the above property. All rates and charges notices will be redirected to the Agent/Tenant once this Authority has been processed.

Please Note: **ALL OWNERS ARE REQUIRED TO SIGN**

If there is more than two owners please supply additional signatures for owners consent.

Owner 1:		
*Name:	*Signature:	*Date:
Owner 2:		
*Name:	*Signature:	*Date:

PART 6: LODGEMENT DETAILS

The completed Application and supporting documentation can be submitted to Hilltops Council via the following:

Email: mail@hilltops.nsw.gov.au		**Mail:** Locked Bag 5, Young NSW 2594	
In Person:	**BOOROWA OFFICE** 6-8 Market Street Boorowa NSW 2586	**HARDEN OFFICE** 3 East Street Harden NSW 2587	**YOUNG OFFICE** 189 Boorowa Street Young NSW 2594

Information supplied in this form will be managed in accordance with **Hilltops Council's Privacy Management Plan** and relevant legislation. Certain information supplied to and held by Council may be made available to the public pursuant to the provisions of the Government Information (Public Access) Act 2009 (GIPA Act). Further information on privacy and public access to information is available from council's website: https://www.hilltops.nsw.gov.au/getattachment/Council/About-the-council/Council-policies-plans/Privacy-Management-Plan.pdf

OFFICE USE ONLY

Receiving Officer:	Date:
Date Approved:	Confirmation Sent: