

FINANCIAL MANAGEMENT

Application for Additional Collection and/or Waiver

DCSB 07 Form 76 FORM

Record ID/Series:	
File Number:	
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Issued	2015
Next Review	2016
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(a separate application is to be completed for each property/request)

Application to:			
☐ Waive/ have remo		☐ Re	placement sticker
Assessment Number:			
Property Address:			
Property Owner:			
Contact Number (phone):			
Reason:			
Signed:			Date:
Office Use Only			
Application accepted	YES / NO		
Staff Authorisation:			
Staff Name:			
Position:			
Date:			
☐ LGE Rates Updated		Signed Rates Officer	
☐ Sticker Supplied / Retu Signed		_Officer	
Notes:			