COOTAMUNDRA-GUNDAGAI REGIONAL COUNCIL

ABN: 46 211 642 339
PO Box 420, Cootamundra NSW 2590
Email: mail@cgrc.nsw.gov.au
www.cgrc.nsw.gov.au

RATES CERTIFICATE APPLICATION – 2026/27

I hereby apply for the undermentioned certificate(s) for the property described herein:

- ☐ **Certificate under Section 603** (*Local Government Act 1993*)..... $ 105.00
- ☐ **Water Meter Reading** *(Local Government Act 1993)*..... $ 115.00
- ☐ **Urgency Fee** - *2 day delivery*..... $ 172.00
- ☐ **Electronic Service Delivery** *(applied to emailed documents)* ..... $ 12.00

Please note: - Credit card payments will also be charged a non-refundable 1% transaction fee

NOTE: Property Certificates are issued by Individual Assessment.

DESCRIPTION OF LAND

House No. _____ **Street** _____ **Locality** _____

Lot _____ **Section** _____ **DP/SP** _____ **Land Area ha/m²** _____

Owner's Name _____

Applicant Name _____

Applicant Address _____

Applicant Reference _____

Return Certificate by: ***CHOOSE ONE ONLY i.e. if you request email, you will not receive a hard copy***

☐ **Pickup at Council Offices** ☐ **Post** ☐ **Email** ☐ **Fax**

Provide details ie. Address/email/fax _____

Privacy Statement

The information and personal details provided by you on this Form are managed in accordance with the *Privacy and Personal Information Protection Act 1998* and Cootamundra-Gundagai Regional Council's policies and procedures as outlined in Councils *Privacy Management Plan*. Should you choose not to provide this information (wholly or in part) this may impact upon consideration of the matter by Council. The information will ultimately be stored in Council's records system. I hereby acknowledge that the above information has been read and checked by myself and represents the property on which I wish Cootamundra-Gundagai Regional Council to issue the appropriate Certificate.

Applicant signature _____ **Print Name** _____

Date _____ **Phone Number** _____

OFFICE USE ONLY

Amount Paid: $ _____ Date: _____ Assessment: _____

Receipt No. _____ Cashier: _____ Doc ID no. _____ Cert Ref. _____

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Please process payment for _____ **to the below credit card.**

CREDIT CARD PAYMENT DETAILS

Cardholder Name: _____

Card Type:
☐ Visa
☐ MasterCard

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____

CCV Number: _____

(Payment cannot be processed without a CCV number and your request will be returned if not supplied)

Amount: **$** _____

Applicant Signature: _____

Contact Name: _____

Contact Number: _____

Date: _____

<u>*Please be advised all Credit Card Payments will incur a 1% non-refundable transaction fee*</u>

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