Payment Plan Application 2024/2025 – Half Yearly 2



	e used to apply to by the due date.	pay for outst	anding rates & o	charges	by periodic	payments if y	ou are una	ble to mak	e full payment of	
Please return yo Service Centre.	our completed forn	n using the em	nail or postal ad	dress ab	ove. For fu	urther informat	ion please	contact Co	uncil's Customer	
Section One:	Property Owner	Details								
Given Name/s				Sur	Surname/Company Name					
Postal Address	Address/PO Box	<								
	Suburb/Town					Postco	de			
Business/Home Phone No.						Mobile	No			
Email										
Section Two:	Property Details									
Property Number		Property Address								
Section Three: Proposed Payment Arrangement (payment options are available on rates notice)										
Reason for Requesting Payment Plan										
Frequency of F	Payment (please ti	ick)) ☐ Weekly ☐ Fortnightly ☐ Monthly							
Commencement Date				Am	nount of Ea	ch Payment	\$			
Section Four:	Terms and Con	ditions								
 Completion and submission of this application form is not enough to stop your account from being referred to Council's external debt collection agency or taking further legal action. 										
Coun	 Council will provide written confirmation of an approved payment plan once your application has been processed. Council encourages you to commence payments immediately whilst your application is being reviewed. Please note that this application is not an approval of your request. 									
 Your payment commitment should result in all outstanding rates and charges being paid in full in accordance with the terms of Council's Rates and Charges Recovery Policy. If you are unable to adhere to your agreed payment plan, you are required to contact Council prior to the payment date. 										
4. Intere	I. Interest of 12% per annum is compounding daily and is accrued on all outstanding rates and charges.									
5. If you	• •	ayment plan v	d within the agr will be cancelled arges may be f	d.				n agent.		
Signature					Date					
information will on	acy Act 2009 Burde ally be used by author will not be disclosed	rised officers for	the purpose of ve	erification	ı, assessmer	nt of your applica	ition and ens			
Date	/ /	Prop ID No		Lar	nd ID		Funct	ion ID No	669	
			·							

Half Yearly - Period 2 – 01/01/2025 to 30/06/2025 - Please ensure balance will be paid in full by 30/06/2025.

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