**Application for short rates search**

Rates and Valuations

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Folder | 119217 | Workflow | Rates - Search | Doc ID |  | Box No |  |

A short rates search includes owner’s name, owner’s address and parcel details. The search will be provided in writing within 5 business days.

The information requested by you will be extracted from Council’s records in response to your request. The Council’s records do not necessarily reflect the actual state of matters relating to the property or the degree of compliance with relevant requirements.

Persons making decisions with financial or legal implications will not be able to rely upon the information supplied for the purposes of determining whether any particular facts or circumstances exist and the Council expressly disclaims any invitation to place such reliance on the information. Persons must obtain their own professional advice on these matters. The Council (and its Officers and Agents) contract to supply information on the basis. Further information on the limits of the information supplied will be included in the information supplied.

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| **CUSTOMER DETAILS** |
|  |
| **Surname** |  | **Given names** |
|       |  |       |
|  |
| **Company name** |  | **Your reference** |
|       |  |       |
|  |
| **Postal address** |  | **State** |  | **Postcode** |
|       |  |       |  |       |
|  |
| **Contact number** |  | **Email address** |
|       |  |       |

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| **PROPERTY DETAILS** |
|  |
| **Property situated at** |
|       |
|  |
| **Real Property Description** |  | **Property description** e.g. dwelling, vacant, industrial, etc |
| Lot       on Plan       |  |       |

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| --- |
| **AUTHORISATION** |
|  |
| **Signed** |  | **Dated** |
|       |  |       |

|  |
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| **LODGEMENT OF YOUR APPLICATION** |
| MAIL | Chief Executive Officer, PO Box 390, Gayndah, Qld 4625 |
| EMAIL | admin@northburnett.qld.gov.au | TELEPHONE | 1300 MY NBRC (1300 696 272) |
| IN PERSON | Visit our customer administration offices 8.30am – 4.30pm (closed 11.30am – 12.30pm) |

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| **CREDIT CARD PAYMENT** |
|  |
| **Card type** |  | **Card number** |  | **Expiry** |  | **Amount** |
|  |  |       |  |   /   |  | $      |
|  |
| **Name on card** |  | **Business hours contact number** |  | **Signature** |
|       |  |       |  |  |