

CUSTOMER SERVICES

Application for Non-Rateable Status

Please state which part of the first schedule to the Local Government (Rating) Act 2002 you seek to qualify under:

Contact information

Organisation: _____

Person applying on behalf of: _____

Phone: _____ Email: _____

Postal address: _____

Property details

Location address: _____

Rates reference number: _____

Does the organisation own the property? Yes No

(If no, please provide owner contact information and a copy of the lease.)

What are the nature of improvements (Examples of improvements include offices, drop-in centre, rehabilitation centre, club rooms, hall, meeting spaces and clubs.):

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