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ABN: 68 284 130 046

Office Use:

Document ID:

Assessment Number:

Rates Payment Arrangement

Please tick details you wish to update

Account Details

Property Address: _____

Account Name: _____

Postal Address: _____

Residential Address: _____
 (If different from postal address)

Email: _____ Contact Number: _____

Payment Details

Agreed Arrangement Balance: \$ _____ Instalment Amount: \$ _____

Payment Schedule Monthly Fortnightly Weekly * Other
 (tick appropriate)

***If you have ticked the "Other" payment schedule, please complete your payment schedule on the back of this form.**

Signature to Agreement

The Municipal Council of Roxby Downs is under no obligation to accept or amend an alternative payment arrangement.
 I understand that fines and interest will continue to be applied as prescribed by the *Local Government Act 1999* throughout the duration of this arrangement and that should any default in the payment arrangement will result in the balance and any fines and interest owing becoming immediately due and payable.
 I acknowledge that if I default on this agreement, Council reserves the right to pursue legal action for the recovery of the outstanding amounts without further notice to me.
 I am authorised to sign on behalf of all ratepayers/owners of the above stated property.
 I agree to contact the Council in writing if I am unable to keep this agreement.

Signed: _____ Name: _____ Date: ____ / ____ / ____

Office Use Only

Approved Rejected Signed: _____ Date: ____ / ____ / ____

Payment Schedule

Date of Payment	Amount of Payment	Progressive Balance	Comments