



Please return completed form to:
 Lithgow City Council
 PO Box 19
 LITHGOW NSW 2790
 Ph (02) 6354 9999
 Email: council@lithgow.nsw.gov.au

ARRANGEMENTS TO PAY

Property Address: _____

Property No: _____

PERSONAL DETAILS:

Name: _____

Address: _____

Phone: _____ Email: _____

I/We undertake to make the following payments off my/our outstanding rates/water/debtors balance of \$ _____

(Weekly/Fortnightly/Monthly payment amounts must clear the arrears and current rates & charges by 30 June to comply with Council's Debt Recovery Policy).

Payment amount - Rates	\$
Payment amount - Water	\$
Payment Amount - Debtors	\$

Frequency of payment Weekly Fortnightly Monthly

First payment date

I/We understand that interest is being accrued daily on the outstanding balance.

If not paid as arranged, I/We acknowledge that Council will commence recovery action without further notice and any legal costs incurred by Council will be charged to my/our account.

Signature

Date

OFFICE USE ONLY		Property Number	
Rates Officer		Authority Updated	
Date		Acknowledgement Letter	

The information you provide is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The supply of the information by you is voluntary. If you cannot provide or do not wish to provide the information sought, your application may be unable to be processed. The personal information is being collected from you in order to process your application.