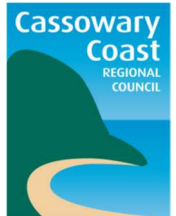


Cassowary Coast Regional Council

A.B.N. 20 889 787 211
PO Box 887, INNISFAIL, Q 4860
Phone: 1300 763 903 Fax: 07 4061 4258
Email: enquiries@cassowarycoast.qld.gov.au



THIRD PARTY AUTHORITY FORM

Privacy Statement: The Cassowary Coast Regional Council respects your privacy. Personal information on this form is collected in accordance with the Local Government Regulation 2012 and is used only by Council rates staff for the purpose of processing the details contained in this form and will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the appropriate form obtainable from Council Website at any time.

Section 1 – Type of Authority

Option1:	EPOA for Property Owner/s:	Enduring Power of Attorney (EPOA) Document:	<input type="checkbox"/> Viewed & Approved by Council <input type="checkbox"/> Attached
Option 2:	Last Will & Testament for deceased Owner/s:	Last Will & Testament Document:	<input type="checkbox"/> Viewed & Approved by Council <input type="checkbox"/> Attached
Option 3:	Authorisation for a Third Party:	Both parties must sign the application form.	

Section 2 – Details of Authority

This Third Party Authority will remain in place unless cancelled in writing either by the property owner and/or authorised person, or a change of ownership is received by Council.

Owner Name/s:			
Authorised Person/s:			
Details of Authorised Person:	Mobile:	Email:	

Section 3 - Security Details (optional)

Security Question:			
Answer:			

Section 4 – Property Details (If more than 2 properties, attach details on a separate page)

Select One (Mandatory):

Property No:		Enquire Only:	<input type="checkbox"/>
Address:		Enquire & <u>Act</u> :	<input type="checkbox"/>
Property No:		Enquire Only:	<input type="checkbox"/>
Address:		Enquire & <u>Act</u> :	<input type="checkbox"/>

Please note, should you do not tick one of the above-mentioned boxes, enquire only will be selected on your behalf.

Section 5 – Declaration of Applicant and Third Party Authorised

Signature of Owner:		Date:	
Signature of Authorised Person:		Date:	
Name of Council officer who viewed & approved document:		Date:	