

CASSOWARY COAST REGIONAL COUNCIL PO Box 887 **INNISFAIL QLD 4860**

Ph: 1300 763 903

Email: enquiries@cassowarycoast.qld.gov.au

THIRD PARTY AUTHORITY FORM				
Section 1 – Type	of Authority			
Option 1:	EPOA for Property Owner/s		Option 2:	Last Will & Testament for deceased Owner/s
Option 3:	Authorisation for a Third Party		Both parties	s must sign the form for Option 3.
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 Authoris	sed Person/s			
Mobile:			Email:	
Postal Address (Optional):				
Section 3 - Security Details (optional)				
Security Question:				
Answer:				
Section 4 – Prop separate page)	erty Details (If more than 3 p	rop	erties, attac	ch details on a Select One (Mandatory):
Property No.				Enquire Only:
or Address:				Enquire & Act:
Property No.				Enquire Only:
or Address:				Enquire & Act:
Property No.				Enquire Only:
or Address:				Enquire & Act:
Please note, should you 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:
Privacy Statement: The Cassowary Coast Regional Council respects your privacy. Personal information on this form is collected in accordance with Local Government Regulation 2012 and is used only by Council staff for the purpose of this form. Your personal information 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.