

CASSOWARY COAST REGIONAL COUNCIL PO Box 887 INNISFAIL QLD 4860

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WATER PORTAL ACCOUNT 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 – Property Details (If more than 3 properties, attach details on a separate page)				
Property No.				
or Address:				
Property No.				
or Address:				
Property No.				
or Address:				
Section 5 - Decla	aration of Applicant and Thi	rd P	arty Authori	sed
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.				