CITY OF GOLDCOAST.

Nominate Authorised Representative

Council of the City of Gold Coast
ABN 84 858 548 460
PO Box 5042 GCMC QLD 9726
P 1300 GOLDCOAST
E Rates@goldcoast.qld.gov.au
W cityofgoldcoast.com.au

SECTIONS 1-6 MUST BE COMPLETED
PLEASE USE BLOCK LETTERS
FORM TO BE SIGNED BY ONLY ONE OWNER / DIRECTOR

* City Service/s refer to types of services offered by the City of Gold Coast, such as Rates and Water accounts (combined as one City service), applications, licences, dog/animal registrations, infringements, complaints, and 'report a problem' requests.

Section 1 - City service* owner name	
Owner full legal name OR	
Director name and Company name	

Section 2 – City service* owner contact details (For identification purposes)				
Current postal address				
Suburb		**Postcode / State**		
Email		**Phone**		

Section 3 - City service* location (For identification purposes)				
Address				
Suburb		**Postcode / State**		

Section 4 - City service* reference details (Supply at least one for identification purposes)			
Rate account no.		**Water account no.**	
Dog registration no.		**Animal name**	
City licence type & no.		**Application no.**	

Section 5 - Authorised representative details - please see below if multiple (Managing Agents are not required to complete full legal name & employee position)			
Full legal name			
Company name			
Employee position			
Email		**Phone**	

Additional authorised representative details			
Full legal name			
Company name			
Employee position			
Email		**Phone**	

Additional authorised representative details			
Full legal name			
Company name			
Employee position			
Email		**Phone**	

I am requesting to add the Authorised Representative/s to have full access to my specified City service/s. I am aware that by adding an Authorised Representative they will have authority to discuss and make changes on my City services. They will not have access to my online account, direct debit or be able to add/remove an authorised person. I understand that if I wish them removed from my City services it is my responsibility to contact City of Gold Coast.

Section 6 - Select level of access City Services refer to types of services offered by the City of Cold Coast, such as Rates and Water accounts (combined as one City service), applications, licences, dog/animal registrations, infringements, complaints, and 'report a problem' requests. Managing Agents are provided Authority to Rates and Water only.		
I permit access to all of my City services* (tick Yes or No)	Yes ☐	No ☐
If NO please specify the City service(s)		

By accepting this declaration and/or completing the transaction you are verifying that: you are duly authorised to make this application; the statements and information provided are accurate, true and complete; you have received all relevant third party consents and authorisations; you attest to the validity of all content within this electronic application. By submitting this application you are deemed to have electronically signed this application.

Declaration –Please sign and date this nomination			
City Service(s) Owner/Director Signature		**Date**	

Please allow up to 5 business days from the time of receipt to have this request applied.

Privacy statement

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the Information Privacy Act (Qld) 2009 and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to cityofgoldcoast.com.au/privacy.

Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

Office use only			
Date received		**Signature / Ext**	