



# Lithgow City Council

180 Mort Street, Lithgow

ABN: 59 986 092 492

## APPLICATION TO PAY ACCOUNT BY INSTALMENTS

ACCOUNT TYPE: \_\_\_\_\_ RATES ( ) WATER ( )

PROPERTY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF ARRANGEMENT: \_\_\_\_\_

DATE OF FIRST PAYMENT: \_\_\_\_\_

PAYMENT PERIOD (WEEKLY): \_\_\_\_\_

BALANCE OUTSTANDING: \_\_\_\_\_

PAYMENT AMOUNT: \_\_\_\_\_

**I understand that if I fail to honor this arrangement it will be considered to be void and Council will resume its normal recovery procedures.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_ Date: \_\_\_\_\_

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### TO BE COMPLETED BY APPLICANT

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer: \_\_\_\_\_

#### PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE.

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council.  
We will take reasonable care not to disclose personal information. Exempt documents may come under Section 12 of the Local Government Act.