Pay by Arrangement Application

Type of account (Rates, Debtors, Inspection &/or Food Admin fees)

Reference Number (i.e. Customer Reference number, number commencing with HSB or FP etc)

Property Details (that outstanding amount relates to)

Unit No.	Street No.	Street
Suburb		Postcode

Details of person making application

Ms/Mr/Mrs/Other (please state)	Family Name	Given Name	
No.	Street	Suburb	Postcode
Mailing Address			
Tel (Home/Work/Mobile)		Email	

Payment Details

I undertake to pay $ _____ per ☐ week ☐ fortnight ☐ month starting _____ / _____ / _____ to pay my debt (subject to interest accrued).

Signature	Date ____ / ____ / ____

Privacy Statement
The personal information provided on this form (including your name and other details) will be handled in accordance with the *Privacy and Personal Information Protection Act 1998* and may be available to the public under various legislation. Refer also to the Privacy Statement on Council's website

Mascot Customer Service Centre

141 Coward Street
Mascot NSW 2020, Australia
ABN 80 690 785 443 Branch 004
DX 4108 Maroubra Junction

Rockdale Customer Service Centre

444-446 Princes Highway
Rockdale NSW 2216, Australia
ABN 80 690 785 443 Branch 003
DX 25308 Rockdale

T 1300 581 299
F 02 9562 1777
E council@bayside.nsw.gov.au
W www.bayside.nsw.gov.au
Postal address: PO Box 21
Rockdale NSW 2216

Telephone Interpreter Services - 131 450 Τηλεφωνικές Υπηρεσίες Διερμηνέων بخدمة الترجمة الهاتفية 電話傳譯服務處 Служба за преведување по телефон