

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 ____ / ____ / ____
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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

Eastgardens Customer Service Centre

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ABN 80 690 785 443 Branch 004
DX 4108 Maroubra Junction

Rockdale Customer Service Centre

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Rockdale NSW 2216, Australia
ABN 80 690 785 443 Branch 003
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