



# City of Port Lincoln

Template No 7-69-T2

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## RATES ARREARS PAYMENT PLAN AGREEMENT

**RATEPAYERS NAME:**

**PROPERTY ADDRESS:**

**POSTAL ADDRESS (if different from above):**

**ASSESSMENT NO:**

**Phone:**

**Email:**

I/we agree to pay off my/our outstanding Council rates debt with regular payments of \$ per week/fortnight/month until my debt is cleared.

My first payment will commence on

I/we understand that monthly fines and interest will continue to apply to any outstanding amounts.

I/we understand that **failure to abide by this agreement may result in immediate legal action** and that all costs associated with any legal action will become a part of my/our rate liability and shall be my/our responsibility.

I/we understand that this agreement is upon the condition that I/we continue to pay **current rates** liability when the amount falls due and payable

I/we understand that if current rates fall in arrears the Council reserves the right to demand immediate payment of the outstanding amount in full.

**Signed**

**Date**

### OFFICE USE ONLY

- Agreement Accepted  Payment Plan Agreement Recorded on Rates & Property File  
 Completed form photocopied & given/sent to customer

**Belinda Gillings**  
**RATES & ASSESSMENT OFFICER**