APPLICATION FOR CHANGE IN RATING CATEGORY



| Assessment Number | Rate Payer's Name/Owner |
|---|-------------------------|
| | |
| Current structure on property | |
| | |
| | |
| | |
| Current rating category (as displayed on your rates notice) | |
| | |
| | |
| Proposed new rating category | |
| | |
| | |
| Is the land vacant? | |
| Yes No | |
| Additional information | |
| | |
| | |
| Reason for change in usage/category | |
| | |
| | |
| Is the property tenanted? | |
| Yes No | |
| If yes, please provide tenancy agreem | nent. |
| Name/Signature | Date |
| | |
| Phone number for contact purposes | |
| | |

N.B. UNLESS ALL OF THE ABOVE PARTICULARS ARE SUPPLIED, THIS INFORMATION MAY BE DELAYED. 126 Church Street, PARRAMATTA, NSW, 2150, PO BOX 32, PARRAMATTA NSW 2124, DX 8279 PARRAMATTA TEL: 9806 5441 FAX: 9806 5917 Email: council@cityofparramatta.nsw.gov.au