



**AUTHORITY TO RELEASE AND PROVIDE PRIVATE ACCOUNT INFORMATION**

**About this form**

You must use this form to if you require Council to release and provide your account information to a person you nominate.

**How to complete this form**

1. Ensure that all fields have been filled out correctly.
2. Please note that all fields on this form are mandatory and must be completed before submitting this form.
3. Once completed you can submit this form by mail or in person. Please see Lodgement Details for further information.
4. Please use BLOCK LETTERS

**Privacy**

Your personal information will be collected, stored, used and treated in compliance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APP) in force from time to time. Where they are not inconsistent with the above Commonwealth laws, Section 739 of the *Local Government Act 1993 (NSW)(NI)* (protection of privacy) as well as the NSW Model Privacy Management Plan for Local Government and the Privacy Code of Practice for Local Government (NSW) may also be or become applicable to our management and use of your personal information.

**PERSON PERMITTING THEIR INFORMATION TO BE RELEASED AND PROVIDED BY COUNCIL**

Name of account holder	
Address of account holder	
Contact telephone number(s)	
Email address	

I, the above account holder, authorise the Norfolk Island Regional Council (NIRC) together with its servants, agents and employees jointly and severally (the Council), to provide and release to the following person(s) authorised be me any such information, printouts, documents, records, and the like relating to my accounts or such of my accounts as are indicated below.

The delivery of such information and/or documents etc shall be a complete and sufficient discharge and authorisation for Australian privacy law purposes to the Council at any and all times unless and until this authorisation is revoked in writing by me and such written revocation is served upon the General Manager or Public Officer of the Council.

**PERSON AUTHOSIED TO RECEIVE MY INFORMATION**

Name of authorised person	
Address of authorised person	
Contact telephone number(s)	
Email address (authorised person)	

**PRIVATE ACCOUNT INFORMATION TO BE RELEASED AND PROVIDED** (circle each account type to be released):

Rates Telephone/Internet Electricity Lighterage Water Assurance

Absentee Landowners Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
**Name Signature Date**

\_\_\_\_\_  
**Witness Name Signature Date**  
(must be over 18 years)

**LODGMET DETAILS** - You can lodge the completed application by:

**Mail:** Norfolk Island Regional Council  
P.O. Box 95 | NORFOLK ISLAND 2899

**In Person:** Customer Care Team  
9 New Cascade Road | Norfolk Island

**Email:** Customer Care  
[customercare@nirc.gov.nf](mailto:customercare@nirc.gov.nf)

**What now:** Once your application is received a Council Officer will respond within 10 working days.

OFFICIAL USE ONLY	
Receiving Officer	Date Received