

33 Goldie Street PO Box 348 SMITHTON TAS 7330 council@circularhead.tas.gov.au (03) 6452 4800 www.circularhead.tas.gov.au

PENSIONER RATE REMISSION APPLICATION 2023/24

IND	IVIDUAL DETAILS (enter as applicable,)						
Surn	ame:		First Name(s):					
Prop	erty ID:							
Addr	ress:							
Tow			Postcode:					
	al Address: erent to above)							
Tow	n:		Postcode:					
Phor	ne:		Mobile:					
Ema	il:							
Date	of Birth		_					
CON	ICESSION CARD							
I con	firm that I hold a current (please t	ick only one):						
	Pensioner Concession Card	Card Number:						
		Date of Grant:		Must be on/prior to 1 July 2023				
		Expiry Date:		-				
	Health Care Card	Card Number:						
	NOT Seniors Health Care Card	Date of Grant:		— Must be on/prior to 1 July 2023				
		Expiry Date:						
				_				
	DVA Pensioner Concession Card	Card Number:		_				
	This includes Gold Cards for War	Date of Grant:		Must be on/prior to 1 July 2023				
	Widows & TPI	Expiry Date:		_				

Doc No:	FW 16 019 1	Edition:	В	Version:	11	Date:	12/05/2022	Officer:	CSC	Approval:	MCS	Page 1 of 2
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DECLARATION	
I confirm that:	
	. •
authorise	
 the Circular Head Council and the Confirmation eServices to perfore Veterans' Affairs customer detail determine if I qualify for a concess 	e Department of Treasury and Finance (Treasury) to use Centrelink ma Centrelink/DVA enquiry of my Centrelink or Department of s and concession card status to enable the council and Treasury to ssion, rebate, or service. provide the results of that enquiry to the council and Treasury.
 name/address/payment type/payeligibility for a rate remission. this consent, once signed, remain contacting the council or the age and provide it to council and Treater If I withdraw my consent or do not 	information to the council and Treasury including my yment status and concession card type and status to confirm my as valid while I am a customer of the council unless I withdraw it by ncy. I can get proof of my circumstances/details from the agency asury so my eligibility for a rates remission can be determined. Out alternatively provide proof of my circumstances/details, I may assion provided by the council and Treasury.
Signed:	Name:
Date:	
· · · · · · · · · · · · · · · · · · ·	radministrative purposes. We will only use your personal information for this and related purposes. with this matter. You may access and/or amend or personal information at any time. How we use ilable at www.circularhead.tas.gov.au or at the Council office.
OFFICE USE ONLY	
Received ☐ Tasked to ECM ☐ Applied to Property	Date: Signed: Signed:

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