- **9** Council House, 27 St Georges Terrace, Perth
- GPO Box C120, Perth WA 6839
- **(**08) 9461 3333
- @ cityliving@cityofperth.wa.gov.au
- www.perth.wa.gov.au ABN 83 780 118 628



## **Residential Rate Reimbursement**

## (Whole Building Owner Form)

**Instructions**: Please complete this form and submit it to the following email address: cityliving@cityofperth.wa.gov.au.

| 1. Customer Details                                |
|--|
| Organisation Name                                  |
|  |
| ABN  |
|  |
| Postal Address                                     |
|  |
|  |
|  |
| State Postcode                                     |
|  |
| 2. Person Acting on the Behalf of the Organisation |
| Title  |
|  |
| First Name   |
|  |
| Surname  |
|  |
| Position in the Organisation                       |
|  |

| Mobile                  |
|-------------------------|
|                         |
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| number)                 |
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| 4. Application Justification  |
|---|
| Occupancy Permit Number   |
|   |
| Occupancy Permit Date   |
|   |
| Rate Assessment Number  |
|   |
| Date of Full Payment of your Rates  |
|   |
| Which sustainable building certificates are you providing?                                      |
| O 5-Star Green Star Building Rating Certificate (required in Year 1)                            |
| O 5-Star NABERS (required in Year 2 and 3)  |
| Please indicate which year of the three-year reimbursement you are applying for:                |
| O Year 1  |
| O Year 2  |
| O Year 3  |
| 5. Monitoring Questions   |
| Did the rate reimbursement program influence your decision to develop in the City?              |
| □ Yes □ No  |
| Why?  |
|   |
|   |
|   |
|   |
|   |
| Would you like to hear from the City of Perth on future City Living initiatives or information? |
| ☐ Yes ☐ No  |

| 6. Payment Details – Bank Transfer   |  |
|--|--|
| Account Name   |  |
|  |  |
| BSB  |  |
|  |  |
| Account Number   |  |
|  |  |
|  |  |
| 7. Customer Authorisation  |  |
| ☐ By ticking this box, I confirm I understand that this reproduce any documents associated with this app   | •  |
| ☐ By ticking this box, I confirm I have read and agree Conditions. I also confirm the information I have p signature is not required on forms lodged electron accordance with the Electronic Transactions Act 20 | rovided in this form is accurate. (A ically and submissions will be treated in |
| Signature (DDMMYYYY (or initials)  |  |

This form is available in alternative languages and formats on request