- Council House, 27 St Georges Terrace, Perth
- $\times$ 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**

## (Individual Apartment Owner Form)

**Instructions**: Please complete this form and submit it to the following email address:

cityliving@cityofperth.wa.gov.au.	
1. Customer Details	
Title	
First Name	
Surname	
Organisation Name (If applicable)	
ABN (If applicable)	
Postal Address	
State Postcode	
Telephone (home)	Telephone (business)
Mobile	

Email
2. Person Acting on the Behalf of the Organisation
Title
First Name
This indirection is a second of the second o
Surname
Position in the Organisation
Telephone (home)  Telephone (business)
Mobile
Email
3. Property Details
Property Name (If applicable)
Property Address
Plan or Strata Plan Number
Certificate of Title Details (Volume and folio number)
Date of Development Approval of Building DD/MM/YYYY (if known)
Date of Development Approval of Building DD/(vilvi) 1111 (if known)
If you own more than one property at the same address, please complete another residential rate
reimbursement application form.

F0500 (01/07/2023) [CTP] P1042613

4. Application Justification
Date of Settlement (Please provide a contract of settlement summary)
Rate Assessment Number
Date of Full Payment of your Rates
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 De	ails
Account Name	
BSB	
Account Number	
7. Customer Authorisation	
,	I understand that this form authorises the City of Perth to sociated with this application for internal purposes only.
Conditions. I also confirm the signature is not required on	I have read and agree to abide by the associated Terms and information I have provided in this form is accurate. (A forms lodged electronically and submissions will be treated in hic Transactions Act 2011 (WA).)
Signature(or initials)	Date (DDMMYYYY)

This form is available in alternative languages and formats on request