Certification 9

APPLICATION FOR A SPECIAL RATE VARIATION

To be completed by General Manager and Responsible Accounting Officer

Name of council: City of Wagga Wagga

We certify that to the best of our knowledge the information provided in this application is correct and complete.

General Manager (nam	e) <u>: Alan Eldridge</u>	
Signature and Date: 🗴	·	12/02/2016.
Responsible Accountin	g Officer (name): Carolyn Ro	odney
Signature and Date:		10/02/2016

Once completed, please scan the signed certification and attach it as a public supporting document online via the Council Portal on IPART's website.