Certification

APPLICATION FOR A SPECIAL RATE VARIATION

To be completed by General Manager and Responsible Accounting Officer

Name of council:

PORT MACQUARIE-HASTINGS COUNCIL

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

General Manager (name):

Craig Swift-McNair



Signature and Date:

Robyn Wilson



Signature and Date:

Responsible Accounting Officer (name):

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