

9 Certification

APPLICATION FOR A SPECIAL RATE VARIATION

To be completed by General Manager and Responsible Accounting Officer

Name of council: **Randwick City Council**

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

General Manager (name): **Therese Manns**

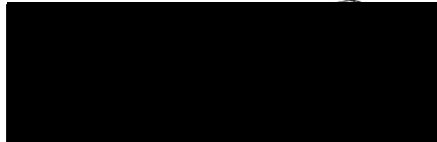
Signature and Date:



8/2/19

Responsible Accounting Officer (name): **Jeff Smith**

Signature and Date:



8/2/19

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