

---

## 9 Certification

### APPLICATION FOR A SPECIAL RATE VARIATION

To be completed by General Manager and Responsible Accounting Officer

Name of council:

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

A | General Manager (name): TOMMASO BRISCESE

Signature and Date: [REDACTED] 11/02/19

Responsible Accounting Officer (name): WAYNE ARMITAGE

Signature and Date: [REDACTED] 11/02/2019

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