

10 Certification

APPLICATION FOR A SPECIAL RATE VARIATION

To be completed by General Manager and Responsible Accounting Officer

Name of council: NAMBUCCA SHIRE COUNCIL

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

General Manager (name): MICHAEL COULTER



Signature and Date: 24 FEBRUARY 2014



Responsible Accounting Officer (name): CRAIG DOOLAN

Signature and Date: 24 FEBRUARY 2014

Once completed, please scan the signed certification and attach it to the Part B form before submitting your application online via the Council Portal on our website.