

10 Certification

APPLICATION FOR A SPECIAL RATE VARIATION

To be completed by General Manager and Responsible Accounting Officer

Name of council: *Rockdale City Council.*

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

General Manager (name): *MEREDITH WALLACE.*

Signature and Date:

Meredith Wallace

Responsible Accounting Officer (name): *ALISTER DUNCAN.*

Signature and Date:

[Signature] *24/2/2014*

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.