BRISBANE CITY COUNCIL ABN 72 002 765 795 Credit Card Authorisation Right to Information

Return completed form to:

Right to Information Unit via e-mail to: Brisbane.RTI@brisbane.qld.gov.au

or fax to: 3330 0043

or post to: GPO Box 1434 Brisbane Q 4001

Privacy Statement

The personal information collected on this form will be used by Brisbane City Council for the purposes of fulfilling your request and undertaking associated Council functions and services. Your personal information will not be disclosed to any third party without your consent, unless this is required or permitted by law.

APPLICANT D	ETAILS		
Full name			Date
Postal Address	(a receipt will be posted to	this address)	
Suburb		State	Postcode
Phone number		Mobile phone number	Fax number (if applicable)
()			()
E-mail			
FEES AND CH	ARGES		
Application	n fee - \$48.00 GST Exempt	(from 1 .luly 2017)	
/ ippiloudio	miles wholes der Exempt	(nom 1 daily 2017)	
Processing/access charges (an invoice will be sent)			
	- ,	•	
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Amount	\$		
CONFIDE			
	DETAILS and AUTHORISA rise Brishane City Council to	TION debit my credit card for the amount below as p	avment for products and services provided
	and Regulatory Services.	accepting of care care for the amount solon ac p	aymone for products and cormoco promucu
Payment:	MasterCard VISA	Comp	lete only the first four (4) and last four
Card number		(4) dig	its of the card number. You will be d by a Brisbane City Council Officer to
Expiry date	/	obtain	the remaining credit card numbers.
Amount	\$		
Name			
Signature			