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.Rxx@xxxxxxxx.xxx.xxx.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 DETAILS | | | | | |
|---|------------------------------|---------------------------|--------------------------|----------------------------|--|
| Full name | | | | Date | |
| | | | | / / | |
| Postal Address (a receipt will be | e posted to this address) | | | | |
| | | | | | |
| Suburb | | State | | Postcode | |
| Phone number | Mobile phon | Mobile phone number | | Fax number (if applicable) | |
| () | | | | () | |
| E-mail | | | | | |
| | | | | | |
| FEES AND CHARGES | | | | | |
| Application fee - \$49.70 G | ST Exempt (from 1 July 201 | 8) | | | |
| Αρριιοατίστι του - φ+σ.7 σ α | or Exempt (from 1 daily 201) | 0) | | | |
| Processing/access charge | s (an invoice will be sent) | | | | |
| | , | | | | |
| | _ | | | | |
| Amount \$ | | | | | |
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| | | | | | |
| CONFIDENTIAL | | | | | |
| CREDIT CARD DETAILS and A I hereby authorise Brisbane City | | card for the amount below | as payment for produ | ucts and services provided | |
| by Compliance and Regulatory | | | pag | | |
| Payment: MasterCard | VISA | c | omplete only the first | four (4) and last four | |
| Card number | | (4 | 4) digits of the card nu | | |
| Expiry date / | | | btain the remaining c | | |
| Amount \$ | | | | | |
| Name | | | | | |
| | | | | | |
| Signature | | | | | |