
9 Certification

APPLICATION FOR A SPECIAL RATE VARIATION

To be completed by General Manager and Responsible Accounting Officer

Name of council: Shoalhaven City Council

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

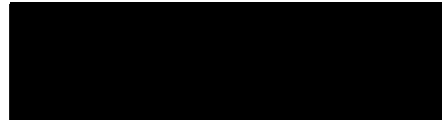
General Manager (name): Russ Pigg

Signature and Date:



Responsible Accounting Officer (name): Michael Pennisi

Signature and Date:



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