

## 10 Certification


### APPLICATION FOR A SPECIAL RATE VARIATION

To be completed by General Manager and Responsible Accounting Officer


Name of council: **Coffs Harbour City Council**

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

General Manager (name): **Steve McGrath**

Signature and Date:  19/2/2014.

Responsible Accounting Officer (name): **Dale Allen**

Signature and Date:  18 / 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.