

10 Certification

APPLICATION FOR A SPECIAL RATE VARIATION

To be completed by General Manager and Responsible Accounting Officer

Name of council: **Campbelltown City Council**

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

General Manager (name): **Paul Tosi**

Signature and Date:



24 - 2 - 14

Responsible Accounting Officer (name): **Corinne Mears**

Signature and Date:



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.