

Billing frequency change form

Use this form to apply for a change of billing frequency for a Crown land tenure account.

You must apply to the department at least eight weeks before the due date for a bill and any arrears on the account must be cleared before any change is made to the account.

There are no departmental charges for lodging a *Billing frequency change form* or any extra, ongoing fees.

Contact us

For more information, please contact us at:

NSW Department of Planning, Industry and Environment—Crown Lands
PO Box 2155
DANGAR NSW 2309

Phone: 1300 886 235 (option 1)

Fax: 02 4925 3517

Email: accounts@crowmland.nsw.gov.au

Web: www.crowmland.nsw.gov.au

Lodgement

Email completed form to accounts@crowmland.nsw.gov.au or mail to:

NSW Department of Planning, Industry and Environment—Crown Lands
PO Box 2155
DANGAR NSW 2309

Privacy statement: The personal information you provide on this form is subject to the *Privacy & Personal Information Protection Act 1998*. It is being collected by NSW Department of Planning, Industry and Environment and will be used for purposes related to this application. The NSW Department of Planning, Industry and Environment will not disclose your personal information to anybody else unless authorised by law. The provision of this information is voluntary. If you choose not to provide the requested information we may not be able to process this application. You have the right to request access to, and correct details of, your personal information held by the department. Further information regarding privacy can be obtained from the NSW Department of Planning, Industry and Environment, at <https://www.dpie.nsw.gov.au/privacy>

Individual applicant details

(Business applicants must complete pages 4 and 5 instead.)

Individual applicants must be the holder of the Crown land account, or an authorised person.

Table 1. Account details

Account	Answer
Account number or notice number	

Table 2. Account holder 1

Account holder 1	Answer
Given name	
Family name	
Residential address	
Postal address	
Work telephone	
Home	
Mobile	
Email	

Table 3. Account holder 2

Account holder 2	Answer
Given name	
Family name	
Residential address	
Postal address	
Work telephone	
Home	
Mobile	
Email	

Billing frequency change



Application form

Billing details

Please answer both questions.

Table 4. Billing frequency and reason for change

Choose one	1. Billing frequency	Choose one	2. Reason for the change
<input type="checkbox"/>	once a year (annual)	<input type="checkbox"/>	preference
<input type="checkbox"/>	once every 6 months (biannual)	<input type="checkbox"/>	seasonal nature of business
<input type="checkbox"/>	once every 3 months (quarterly)	<input type="checkbox"/>	financial difficulty
		<input type="checkbox"/>	other

Declaration

I/we declare that the information provided on this form is accurate to the best of my/our knowledge and belief (note that all account holders must sign the below declaration for this application to be considered):

Table 5. Account holder 1 declaration

Account holder 1	Answer
Name	
Signature	
Date	

Table 6. Account holder 2 declaration

Account holder 2	Answer
Name	
Signature	
Date	

Business applicant details

(Individual applicants must complete pages 2 and 3 instead.)

A business applicant must be a company director of the Crown land account, or an authorised delegate.

Table 7. Account details

Account	Answer
Account number or notice number	

Table 8. Organisation details

Organisation	Answer
Organisation name	
ABN or ACN	
Residential address	
Postal address	
Email	
Phone	

Billing details

Please answer both questions.

Table 9. Billing frequency and reason for change

Choose one	1. Billing frequency	Choose one	2. Reason for the change
<input type="checkbox"/>	once a year (annual)	<input type="checkbox"/>	preference
<input type="checkbox"/>	once every 6 months (biannual)	<input type="checkbox"/>	seasonal nature of business
<input type="checkbox"/>	once every 3 months (quarterly)	<input type="checkbox"/>	financial difficulty
		<input type="checkbox"/>	other

Billing frequency change



Application form

Declaration

I declare that the information provided on this form is accurate to the best of my knowledge and belief:

Table 10. Business applicant declaration

Company director or authorised delegate	Answer
Name	
Position	
Signature	
Date	