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| **Property, Rates and Valuation** Services |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623 – [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au) – www.mrsc.vic.gov.au | |

**Rates and Valuations Search Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Postal address: | |  | | |
| Phone: |  | | Email: |  |

**Property details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assessment no: | |  | | | |
| No: |  | | Street: |  | | | | Town: |  |
| Lot No: |  | | L/P or PS No: | | | |  | Parish: |  |
| C/A: |  | | Section: | |  | | |

Type of the search required:

Rate Amount

Valuation (including CIV, NAV and SV)

Ratepayer details

Time period of search required:

1–10 years ($36.50)

1–20 years ($142)

1–30 years ($204)

|  |  |  |  |
| --- | --- | --- | --- |
| Search required from: |  | until: |  |
| Property owners/ratepayers names during this period: | | |  | |

I understand that the search fee is non-refundable and that while every endeavour will be made to locate the documents requested, no guarantees can be given that the information is kept in our archives.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Privacy**

The collection and handling of personal and health information is in accordance with Council’s Privacy Policy which is displayed on Council’s website, [mrsc.vic.gov.au/privacy](https://www.mrsc.vic.gov.au/About-Council/Our-Council/Policies/Privacy-Policy) and available for inspection at or collection from Council’s customer service centres.

Payment options

**In person**: present this form and payment (cash, cheque/money order, eftpos or credit card) at one of our Service Centres.

**By Mail**: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Credit card payment authorisation

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mastercard |  | | | | | | | | | | Visa | | |  | | | | | | | | | | |
| I authorise you to charge the following amount to my credit card: $ | | | | | | | | | | | | | | | | |  | | | | | | | |
| Name on card: | |  | | | | | | | | | | | | | | | | | | | | | | |
| Credit card number: | | | |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |
| Expiry date (xx/xx): | | |  | | | Signature: | | | |  | | | | | | | | | | | | | | |