

Date _____

Hurunui District Council
P O Box 13
AMBERLEY

Financial officer – Rates

Valuation Reference _____

I wish to apply for a remittance of the penalty incurred on the _____ Instalment of the ___/___ rates under the following category of Councils Penalty Policy.

- Sickness
- Bereavement
- Age (over 65)
- One in two year remission.
- Satisfactory payment arrangement in place for regular payment of arrears
- Other acceptable general reason (please specify) _____

Yours faithfully