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| **Property, Rates and Valuation** Services |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444T 03 5422 0333 – F 03 5422 3623 – 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 ($34.60)

[ ]  1–20 years ($135)

[ ]  1–30 years ($194)

|  |  |  |  |
| --- | --- | --- | --- |
| 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: |  |