

**Request for
Rates Donation
2009/10**



**Rates
Donation**

Name of Organisation

.....

Address of Organisation

.....

.....

Name of Facility

.....

Address of Facility

.....

.....

Contact Name:

Contact Number:

Email Address:

Is your organisation:

- Non-profit
- Section 355 Committee
- Gosford City Council
- Other

General Rate Notice Account Number:

Please list groups who use the facility.

Group	Frequency

Please indicate for your last financial year the following:

Total Annual Income	
Total Annual Expenditure	
Cash / Trusts Funds Held	
Total spent on Maintenance	
Percentage of Funds spent on Maintenance	

Does your lease specify for Council to pay rates on the facility?

Yes

No

(if yes, please attach documentation to support this)

Have you attached your organisations financial statement?

Yes

No

Thank you,

Please email this form to Sharonmoore@gosford.nsw.gov.au or post to
PO Box 21 GOSFORD NSW 2250 Attention : Sharon Moore