

Application for Online Certificate Customer ID

Please complete this form & Return to Council

APPLICANT DETAILS			
Business/Company Name:			
Postal Address:			
Contact Details:	T:	M:	F:
Email:			
Unique User Name (maximum 6 letters):			
Unique Password (maximum 6 letters):			
Security Question (Favourite team):			

DECLARATION	
I _____ declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.	
Print Name:	
Applicant's Signature:	Date:
<i>Douglas Shire Council – Information Privacy Statement</i> <i>The collection of your information is authorised under the Local Government Act 2009. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.</i>	