

OFFICE USE ONLY

Application No: _____

Amount: \$ _____ Receipt No: _____ Date: _____

DO NOT SCAN – TO BE DESTROYED

PAYMENT BY CREDIT CARD

Name: _____

Company: _____

Postal Address: _____

Contact Number: _____ Email: _____

Description of Payment: _____

i.e. Rates, Permit Application, Invoice

Please charge my credit card for the amount of: \$ _____

Amount in words: _____

**PLEASE PLACE THIS FORM AT FRONT OF
YOUR APPLICATION/DOCUMENTS**

Note: This form will be destroyed upon completion of payment process

Colac Otway Shire

PO Box 283

Colac Victoria 3250

E: inq@colacotway.vic.gov.au

www.colacotway.vic.gov.au

Customer Service Centre

Colac: 2-6 Rae Street

Apollo Bay: Visitor Information Centre

100 Great Ocean Road

P: (03) 5232 9400

F: (03) 5232 9586

