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| **ESSENTIAL SERVICES COMMISSION** |   |   |   |
| Local Government |   |   |   |   |   |   |
| **Higher cap – Application cover sheet (2018-19)** |

Council name

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Contact person and phone number

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Base Average Rate ($): *(e.g. $1,800)*

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Proposed increase for 2018-19: *(e.g. 5%, $4,000,000)*

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| Proposed increase in Average Rate (%) |  |
| Proposed increase in prescribed rate revenue ($) |  |

Proposed increase for following year(s): *(e.g. 5%, 2%, $4,000,000)*

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| 2019-20 | Proposed increase in Average Rate (%) |  |
| Proposed increase in prescribed rate revenue ($) |  |
| *Note: Assumed rate of forecast CPI (%)* |  |
| 2020-21 | Proposed increase in Average Rate (%) |  |
| Proposed increase in prescribed rate revenue ($) |  |
| *Note: Assumed rate of forecast CPI (%)* |  |
| 2021-22 | Proposed increase in Average Rate (%) |  |
| Proposed increase in prescribed rate revenue ($) |  |
| *Note: Assumed rate of forecast CPI (%)* |  |

Please attach:

* evidence of council sign-off/approval of application
* 2016–17 Annual Report + 2017–18 Budget + Draft 2018–19 Budget
* Council Plan / Strategic Resource Plan
* any other information supporting the application

Summary of the key reason(s) for the application: (*Please limit response to two pages)*

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*Continues…*

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