



Note:

If you believe that you are eligible for an exemption you must contact your electricity retailer to discuss your options before lodging this form.

You may lodge an objection for the review of a decision made by an electricity retailer or the Commissioner of State Revenue. Your objection should set out all the facts and reasons that are relevant in determining whether or not the Community Ambulance Cover levy, or part of it, has been incorrectly applied to your electricity account.

- All italicised words are defined in the “Definitions” section below.
- When completing this form, please **print** all responses in capital letters using a **black pen**.

Part A – Applicant Details

1. Name of objector

2. Postal address of objector

3. Name of electricity retailer or provider

4. Your electricity account numbers (where applicable)

4A. Does your electricity bill include a number of separate electricity accounts (e.g. it relates to two or more properties)?

Yes No (If you answered **No**, go to question 5)

If you answered **Yes**, complete this form in relation to the electricity account on which you are objecting. Please give the following details in relation to that account.

4B. Identifying number of the account (e.g. meter number, NMI code or other):

4C. Address of premises to which the account relates:

Part B – Objection Details

5. Does your objection relate to one of the following? (Check the relevant box)

- the levy amount stated in the electricity account issued to you by the electricity retailer
- a written notice given to you in relation to a shortfall amount payable
- a decision of the Commissioner or your electricity retailer affecting your liability to pay the levy
- a decision of your retailer about your claim for a refund of a levy amount paid

If none of the boxes apply you do not have a valid ground of objection. For example, an objection cannot be lodged solely on the belief that the scheme or the imposition of the levy is unfair or unjust.

Part C – Further Information Requirements

Please state fully and in detail the reasons for your objection in the space provided below. If there is insufficient space, please attach additional pages.

Please provide copies of

- your electricity account/s
- exemption application/s for this account
- correspondence from your electricity retailer or the Commissioner, and
- other supporting documentation that relates to this objection (if any).

Part D – Verification

I declare that I am the applicant or have attached written authorisation from the applicant to act on their behalf and that all information supplied in this objection is true and correct.

Date

D	D	M	M	Y	Y	Y	Y
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Signature

Name (Please print in full)

Telephone number

Where do I send the objection?

Your objection should be posted to Community Ambulance Cover, GPO Box 5294, Brisbane QLD 4001.

What happens after I have lodged my objection?

The Commissioner will consider your objection and make a decision. You will be notified in writing of the Commissioner’s decision.

For further information or to obtain copies of any forms, please visit the Community Ambulance Cover website at www.ambulancecover.qld.gov.au or contact your electricity retailer or electricity provider.

Privacy statement

The Office of State Revenue is collecting the information on this form for the purposes of administering State revenue. Collection of this information is authorised by the *Community Ambulance Cover Act 2003*. Your personal information will not be disclosed without your consent except in the circumstances outlined in the *Community Ambulance Cover Act 2003* or as otherwise authorised by law.