# Department of Agriculture, Fisheries and Forestry

# Notice to request information about a levy or charge

Form approved under the Primary Industries Levies and Charges Collection Rules 2024

## Section A: General information

|  |  |
| --- | --- |
| **Purpose of this form** | For collection agents to request from a levy payer, charge payer or proprietor of an abattoir or other premises information necessary to complete a return or create records.  You can only issue this notice if, despite making reasonable efforts, you have been unable to obtain the information from that person. |
| **Before completing** | Learn more about [levies and charges](https://www.agriculture.gov.au/agriculture-land/farm-food-drought/levies/commodities). |
| **To complete this form** | **Electronically**  Save this MS Word form to your desktop or device. Do not work on the form in your web browser.  **Manually**  Use black or blue pen  Print in BLOCK LETTERS  Mark boxes with a tick or a cross |
| **Issue the notice** | Email, post or deliver the notice in person to the relevant party. |
| **Response deadline** | The recipient of this notice must provide a written response within 21 days. |
| **For assistance** | Phone Levies on1800 020 619 (within Australia). |

## 

## Section B: Details of person issuing notice

### Collection agent

Given names \_\_\_\_\_ Family name

Work phone \_\_ Mobile phone

### Email

### Business name

### Australian business registration

Australian Business Number (ABN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Australian Company Number (ACN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Business address

Street address (physical address not PO Box)

Suburb/town/city State/territory Postcode

### Postal address (If same as question 4, insert ‘AS ABOVE’)

Street address

Suburb/town/city State/territory Postcode

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section C: Details of levy payer, charge payer, or proprietor of an abattoir or premises

### Person receiving this notice

Given names \_\_\_\_\_ Family name

Work phone \_\_ Mobile phone

### Email

### Business name

### Australian business registration

Australian Business Number (ABN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Australian Company Number (ACN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Business address

Street address (physical address not PO Box)

Suburb/town/city State/territory Postcode

### Postal address (If same as question 9, insert ‘AS ABOVE’)

Street address

Suburb/town/city State/territory Postcode

## Section D: Request for information

To be completed by the collection agent listed in [Section B](#_Section_B:_Details) of this form.

### Reason for request (select one or more boxes)

complete a return

create records

### Details required from the recipient of this notice

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section E: Declaration

In issuing this notice I confirm that:

* I am liable to pay an amount under the Primary Industries Levies and Charges Collection Rules 2024 on behalf of a levy payer or charge payer
* I have made reasonable efforts to obtain the information I am now requesting.

Signature

Full name

Date of issue (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_