

## Higher cap – Application cover sheet (2025–26)

**Council name:**

Contact person:

Phone number:

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

Is this application for more than one year?

How many years:

**Proposed increase for 2025-26: (e.g. 5%, \$4,000,000)**

Proposed increase in Average Rate (%):

Proposed increase in prescribed rate revenue (\$):

**For multi-year applications, the proposed increase for following year(s) (e.g. 5%, \$4,000,000)**

**2026–27**

Proposed increase in Average Rate (%):

Proposed increase in prescribed rate revenue (\$):

**2027–28**

Proposed increase in Average Rate (%):

Proposed increase in prescribed rate revenue (\$):

**2028–29**

Proposed increase in Average Rate (%):

Proposed increase in prescribed rate revenue (\$):

**Tick which of the following documents are attached:**

- A statement addressing the six prescribed legislative matters
- Higher cap information template 2025–26
- 2023–24 Annual Report
- 2024–25 Budget
- Draft 2025–26 Budget (if available)
- 10-year Community Vision and Financial Plan
- 10-year Asset Plan (draft or final)
- 4-year Revenue and Rating Plan
- 4-year Council Plan

List any other documents attached supporting the application

Summary of the key reason(s) for the application (Note your response is limited to two pages)

Continued next page

Summary of the key reason(s) for the application (continued)

# Certification Statement

**Council name:**

I certify that I have reviewed the application for a higher cap (including the Higher Cap Information template) and understand that the information provided will be used by the Essential Services Commission in relation to the Fair Go Rates system, to assess the appropriateness of the proposed higher cap.

I confirm that the data contained in the Higher Cap Information template represents fairly the forecast financial transactions and position of our council for the period specified and that the forecasts are made on reasonable grounds.

I confirm that the information provided (unless marked commercial-in-confidence) is public and acknowledge that the Essential Services Commission will make this information available on its website.

Signature

Name of Chief Executive Officer:

Date:

*Any queries regarding an application for a higher cap, please email [localgovernment@esc.vic.gov.au](mailto:localgovernment@esc.vic.gov.au).*

Email this application to [localgovernment@esc.vic.gov.au](mailto:localgovernment@esc.vic.gov.au) with any attachments.