



CITY OF VINCENT

CHANGE OF PROPERTY ADDRESS APPLICATION FORM

Owner(s)/Applicant(s) Details:

Owner Name(s): _____

Applicant Name(s): _____

Applicant Address(es): _____

Applicant Telephone: Home _____ Wk: _____ Fax: _____

Email: _____

Existing Property Address:

Preferred Property Address:

Reason(s) for Change of Address:

1. Do you own the above property? YES / NO

If No, please note the owner's signature is required below.

2. Is this property Strata Titled? YES / NO

If Yes, you require written consent from the owners of all strata lots

3. Do you accept that all costs associated with changing the address of the above property are your responsibility? YES / NO

If No, this application will not proceed.

4. Would the NEW address be the Preferred Mailing Address for All Correspondence from the City of Vincent? YES / NO

If No, then please indicate which section would be affected by the change of details: (Please tick)

Rates Services Planning Services Creditor/Debtor Services

Building Services Ranger Services Health Services

Waste Management Services Other _____

PLEASE NOTE

A \$100.00 application fee is payable upon submission of your application and is not refundable in the event that the request be refused.

OWNER'S NAME: _____

OWNER'S SIGNATURE: _____