

CHANGE OF DETAILS FORM



Please upload any documentation supporting this application i.e. Certificate of Title, Death Certificate, Power of Attorney or Probated Will listing the executor as required.

PROPERTY DETAILS

Assessment Number: _____
Property Address: _____

UPDATE INFORMATION

Existing Information

Title: _____ Given Names: _____
Surname / Company: _____
Phone: _____ Mobile: _____
Email Address: _____
Residential Address: _____
Suburb: _____ Post Code: _____
Mailing Address: _____
Suburb: _____ Post Code: _____

New Information

Title: _____ Given Names: _____
Surname / Company: _____
Phone: _____ Mobile: _____
Email Address: _____
Residential Address: _____
Suburb: _____ Post Code: _____
Mailing Address: _____
Suburb: _____ Post Code: _____

Update Areas

Is this NEW address the Preferred Mailing Address for ALL correspondence from the Town of East Fremantle?
 Yes No If NO, please indicate which areas will be affected by the above change of details:
 Rates Regulatory Services Creditor/Debtor Animal Registrations
 Waste Management Other: _____

DECLARATION

I agree that the information is true and correct and that I am authorised to request these changes.

Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY