

CHANGE OF PROPERTY ADDRESS APPLICATION FORM

Owner(s)/Applicant(s) Details:

Applicant Name(s): _____

Applicant Address(es): _____

Applicant Phone: _____

Email: _____

Existing Property Address: _____

Preferred Property Address: _____

Reason(s) for Change of Address:

Do you own the above property? <i>If no, please note the owner's signature is required below.</i>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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Is this property Strata Titled? <i>If yes, you require written consent from the owners of all strata lots.</i>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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Do you accept that all costs associated with changing the address of the above property are your responsibility? <i>If No, this application will not proceed.</i>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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Does your request comply with the requirements of CEO Instruction: City of Kalamunda Street Numbering and Local Law Relating to Numbering Houses and Buildings L.G. 411/63? <i>If no, this application will likely be refused.</i>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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PLEASE NOTE

An application fee may be applicable subject to the City's schedule of fees and charges.

Owner's Name: _____

Owner's Signature: _____