

CHANGE OF DETAILS FORM

OWNER / OCCUPIER DETAILS: Mr. / Mrs. / Ms. / Miss.		
Full Name:		DOB:
Phone Number:	Email:	
RATES		
Previous Address Details		
House/Street No:	Lot No:	Assessment No:
Street Address:		
Suburb:	State:	Postcode:
Postal Address:		
Suburb:	State:	Postcode:
Updated Address Details		
House/Street No:	Lot No:	Assessment No:
Street Address:		
Suburb:	State:	Postcode:
Postal Address:		
Suburb:	State:	Postcode:
Please list all the properties that require changing.		
If you do not wish all owners to be changed, please advise details for other owner/s on a separate sheet.		
Assessment No 1:	Assessment No 2:	
Assessment No 3:	Assessment No 4:	

CREDITORS		
Creditor Name:		Primary Contact:
Phone Number:		Email:
Street Address:		
Suburb:	State:	Postcode:
Postal Address:		
Suburb:	State:	Postcode:
Bank Branch:		BSB Number:
Account Name:		Acc Number:
DEBTORS		
Debtor Name:		Primary Contact:
Phone Number:		Email:
Street Address:		
Suburb:	State:	Postcode:
Postal Address:		
Suburb:	State:	Postcode:
APPLICANT SIGNATURE		
Signature:		Date:
OFFICE USE ONLY		
Receiving Officer:		Date Received:
Record No:		Recorded Date:

Street Address: 52 Austral Terrace, Katanning WA 6317

Postal Address: PO Box 130, Katanning WA 6317

Phone: 9821 9999 Email: admin@katanning.wa.gov.au

Website: www.katanning.wa.gov.au

 www.facebook.com/ShireOfKatanning