



SHIRE OF GOOMALLING

Office Address: 32 Quinlan Street, Goomalling

Postal Address: PO Box 118, Goomalling WA 6460

Telephone: (08) 9629 1101 Email: goshire@goomalling.wa.gov.au

CHANGE OF CONTACT DETAILS FORM

When taking up occupancy of your property or changing address or contact details, please ensure that this form is completed and returned to the shire via post, in person or email.

OWNER DETAILS

| | |
|---------------------|--|
| Owner(s) name | |
| Organisation name | |
| Residential address | |
| Postal Address | |
| Home phone | |
| Work phone | |
| Mobile 1 | |
| Mobile 2 | |
| Email | |

PROPERTY INFORMATION

| | |
|------------------|--|
| Assessment no | |
| Property address | |

COMMUNICATION

| |
|---|
| Preference of Communication |
| <input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Phone |
| Please indicate Department(s) this change is for |
| <input type="checkbox"/> All Departments <input type="checkbox"/> Dogs/Cats <input type="checkbox"/> Debtors Creditors <input type="checkbox"/> Rates <input type="checkbox"/> Council newsletter |

AUTHORISATION

All relevant parties are required to sign to authorise the change of contact details

| OWNER 1 | | OWNER 2 | |
|-----------|--|-----------|--|
| Signature | | Signature | |
| Name | | Name | |
| Date | | Date | |

| OWNER 3 | | OWNER 4 | |
|-----------|--|-----------|--|
| Signature | | Signature | |
| Name | | Name | |
| Date | | Date | |