Town of Gawler

Request to Alter Assessment Details

UPDATED JUNE 2022



Gawler Administration Centre
43 High Street, Gawler East SA 5118 (PO Box 130 Gawler SA 5118)
Phone: 08 8522 9211
Email: council@gawler.sa.gov.au Website: www.gawler.sa.gov.a

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Notice is hereby given pursuant to Section 173 of the Local Government Act 1999 that I/we the owners(s) request that the

Assessment Number:						
December Add Inc.						
Property Address:	Suburb:			State:		Postcode
Amendment Requested:	Amend Name		Remove Name			Add Name
Reason for Amendment: (Marriage, Divorce, Death etc)						
Evidence Provided: (COPY to be attached)	Marriage Certificate		Divorce Certific	ate		Death Certificate
	Birth Certificate		Drivers Licence	•		Other
EXISTING Details in Assessment	Book:					
FULL Name/s:						
Postal Address:						
	Suburb:			State:		Postcode
Contact Phone:						
Email Address:						
NEW AMENDED Details for Asse	ssment Book:					
<u>FULL</u> Name/s:						
Previous Name/s: (if applicable)						
Postal Address:						
	Suburb:			State:		Postcode
Contact Phone:						
Email Address:						
Signature of Applicant:				Date:		
Signature of Applicant:	Date:					
Vote: This request <u>will not change</u> the he Lands Titles Office and the approphis request, the request for the altera	oriate fee paid. If supporting	evidence is	not provided or if	the Chief Exe	cutive	
COUNCIL USE ONLY						
	☐ In Person ☐	Phone	☐ Email			
Method of Notification:	□ III Feisoii □	1 LIIOHE	LIIIali			