

Alteration to Assessment Record Power of Attorney



Please complete this form in **BLOCK LETTERS** and return by:

-) **Post:** PO Box 11, Victor Harbor SA 5211
-) **Email:** localgov@victor.sa.gov.au
-) **In person:** 1 Bay Road, Victor Harbor

P 08 8551 0500
 F 08 8551 0501
 E localgov@victor.sa.gov.au
 www.victor.sa.gov.au

A General and/or Enduring Power of Attorney (POA) can be recorded on Council's Assessment Record for future enquiries or to request an alteration to addressing details.

Applicant Details

Name _____
 Address _____
 Email _____ Phone _____

Property Details

Assessment Number A _____ Valuation Number _____
 Address _____

Owner No 1

Owner No 2

Name:	_____	_____
Residential Address:	_____	_____
	_____	_____
Postal Address:	_____	_____
	_____	_____

POA attached:

Legally incapacitated:

If YES, please provide details and attach evidence or doctor's letters:

Request for Alteration Details

- Note POA on file for enquiries only
- Send Quarterly Rate Notices only to myself as POA
- Send all correspondence to myself as POA
- Other: _____

Signature of applicant: _____

Date: _____