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

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

Applicant Details

Name _____

Address _____

Email _____ Mobile _____

Property Details

Property ID _____ Valuation Number _____

Address _____

	Owner No 1	Owner No 2
Name:	_____	_____
Residential Address:	_____	_____
	_____	_____
Postal Address:	_____	_____
	_____	_____
POA attached:	Yes / No	Yes / No
Legally incapacitated:	Yes / No	Yes / No

If YES, please provide details on the back of this form 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

Signature of applicant: _____ Date: _____

July 2/27

Further details or evidence: