

Application for Assessment Record Extract



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

Applicant Details

Name _____
Address _____
Email _____ Phone _____

Details of Property Required on Extract

1. Assessment Number A _____ Valuation Number _____
Address _____
Owner _____
2. Assessment Number A _____ Valuation Number _____
Address _____
Owner _____
3. Assessment Number A _____ Valuation Number _____
Address _____
Owner _____
4. Assessment Number A _____ Valuation Number _____
Address _____
Owner _____

Reason for extract information

- Adjoining neighbours/share a common boundary or own property (no fee)
Address of your property: _____
- Other (\$10 Fee) _____

I acknowledge that the information obtained from the assessment record extract must not be used for advertising or marketing activities for commercial purposes, pursuant to section 174 (3) of the Local Government Act 1999. The maximum penalty is \$10,000.

Signature: _____ Date: _____

Office Use Only

Completed by – Authorising Officer: _____ Date: _____
Receipt Number: _____