

Alteration to Assessment Record Power of Attorney



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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 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: YES / NO YES / NO

Legally incapacitated: YES / NO YES / NO

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: _____