## **CHANGE OF CONTACT DETAILS**

FI.RTS.10



SHIRE OF YORK PO BOX 22 YORK WA 6302

Email: records@york.wa.gov.au Tel: (08) 96412233 Fax: (08) 96412202

| If more than two people, please use additional form. |                  |      |                            |                 |                |   |
|--|------------------|------|----------------------------|-----------------|----------------|---|
| PERSON 1   |                  |      |                            |                 |                |   |
| Name   |                  |      |                            | D.O.B           | /_             | / |
| Residential Address:                                 |                  |      | Postal Address:            |                 |                |   |
|  |                  |      |                            |                 |                |   |
| Telephone  |                  |      | Mobile                     |                 |                |   |
| Email Address  |                  |      |                            |                 |                |   |
| Liliali / Iddi C55                                   |                  |      |                            |                 |                |   |
| PERSON 2   |                  |      |                            |                 |                |   |
| Name   |                  |      | D.O.B                      |                 | /              |   |
| Residential Address:                                 |                  |      | Postal Addre               | Postal Address: |                |   |
|  |                  |      |                            |                 |                |   |
|  |                  |      |                            |                 |                |   |
| Telephone  |                  |      | Mobile                     |                 |                |   |
| Email Address  |                  |      |                            |                 |                |   |
|  |                  |      |                            |                 |                |   |
| Are you a land owner in the Shire of York?           |                  |      | YES/NO                     |                 | Assessment No. |   |
| Address of rate                                      |                  |      |                            |                 |                |   |
| Are you a member of the library?                     |                  |      | YES/NO                     |                 |                |   |
|  |                  |      |                            |                 |                |   |
| Effective Date of Changes//                          |                  |      |                            |                 |                |   |
| SIGNATURES   |                  |      |                            |                 |                |   |
| Person 1   |                  |      | Person 2                   |                 |                |   |
|  |                  |      |                            |                 |                |   |
| OFFICE USE ONLY                                      |                  |      |                            |                 |                |   |
| If received over telephone, name of caller:          |                  |      |                            |                 |                |   |
| Details updated                                      | d in SynergySoft | Deta | Details updated in AMLIB □ |                 |                |   |
| Officer  |                  |      |                            | Date            |                |   |