

Request for Owner Information Application Form



01/04/2019

Revenue Business
Unit FIN/266

APPLICANT DETAILS

Name of Organisation or Individual

Organisation contact:

Postal Address:

Applicants Property address (if applicable):

Phone No:

Email/website address:

1. What do you need the information for?

- Community consultation
- *Neighbour details for Dividing Fences
- Other uses not listed
- Government Utilities Contractor
- Owners in specific area for a project or workshop

*Please note: On consideration of this application the Shire may determine that a Statutory Declaration will be required (except requests under the Dividing Fences Act).

2. What is the Street address(s) or lot number(s) of the property (s) you require the owner information for?

3. Why do you need this information and how will this information be used?

4. What benefit will be gained from this information?

5. Will this information be provided to another person or organisation for any purpose?, (including the compiling of mailing lists on your behalf) and if so for what purpose?.

| APPLICANTS DECLARATION | |
|--|--------------|
| <p>I, _____ confirm that I have read and understand the restrictions on the release of owner information by the Shire of Augusta Margaret River and declare that the information contained within the application form is true and correct and submit for consideration and approval.</p> <p>Statutory Declaration attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| Signed: | Name: |
| Position: | Date: |

| REVENUE TEAM RECOMMENDATION | |
|---|--------------|
| <p>The Revenue Business Unit has reviewed the application and recommends the application be:</p> <p>Approved <input type="checkbox"/></p> <p>Not Approved <input type="checkbox"/> (reason):</p> | |
| Officer: | Date: |

***The Shire may determine that a Statutory Declaration will be required to support this application.**

| CHIEF EXECUTIVE OFFICER or DELEGATED OFFICER | |
|---|---|
| <p>I have assessed the request for release of owner information under s5.96 of the Local Government Act and the reasons as stated in this application and determined the following:</p> <p><input type="checkbox"/> Approve the request for release of information <input type="checkbox"/> Not approved</p> | |
| Name: | Date: |
| Signed: | <input type="checkbox"/> Signed in accordance with Delegation 37 |

| REVENUE TEAM | |
|------------------------------|---|
| Assessment Numbers: | _____ |
| Information Released: | Records linked to applicant and surrounding land owner assessments. |
| | <input type="checkbox"/> Post <input type="checkbox"/> Email Approval Code _____ |
| Not Approved: | Applicant Notified by <input type="checkbox"/> Post <input type="checkbox"/> Email |
| Officer Name: | Date: |