Change of Address / Details Request

Use this form to change:

Owner I N&A

Creditor #

• Where your rates notices and creditor / debtor accounts are sent

All property owners must complete this form. This form must be completed in full and signed (director or secretary must sign for a company)



PO Box 614 Kununurra 6743 20 Coolibah Drive KUNUNURRA

Koolama Street WYNDHAM

T | 9168 4100

F | 9168 1798

E | mail@swek.wa.gov.au

W | www.swek.wa.gov.au

8.00am - 4.00pm MON - FRI

1. PROPERTY ADDRESS

Property 1									
Property 2									
Property 3									
2. OWNER DETA	ILS								
Owner 1									
Full name									
Postal address									
Residential addre	ess								
Home phone	phone Work pho				ne		Mobile		
Email							Fax		
Owner 2									
Full name									
Postal address									
Residential addre	ess								
Home phone			١	Work pho	ne		Mobile		
Email							Fax		
If you are a credi information please	tor / debtores tick this be	r with the		re and w	ould like t	o update y	our accou	nt details	with the above
Owner 1 Signature		Date	/	/ Owner 2 Signature		Da	nte /	1	
OFFICE USE ONLY	ſ								
Registration Officer					Signature				

Property Assessment

Record:

I-

Owner 2 N&A

Debtor #