

Sandgate Street South Perth WA 6151

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www.southperth.wa.gov.au

Office Use Only

Assess No:

Officer:

## **CHANGE OF OWNERSHIP**

Property Address:	
Previous Owner/s Name/s: (Full names required)	
New Owner/s Names (Full names required)	s:
New Owner/s Mailing Address:	g
Phone Number/s:	
Signature/s:	
Date:	*Must be signed and have accompanying documentation to prove ownership change