



EXTRACT OF THE ASSESSMENT RECORD

APPLICATION

PURSUANT TO SECTION 174 OF THE LOCAL GOVERNMENT ACT 1999

Please complete this form and return to the council office:
29 Holland St (PO Box 321) Kingston SE SA 5275 EMAIL: rates@kingstondc.sa.gov.au

Full Name of Applicant:

Postal Address:.....

Phone:.....

Email.....

I agree to my email being added to Council's email database? Yes No

Basis for Application: (Please Tick)

- Personal
- Business (Please Specify) _____
- Organisation (Please Specify) _____
- Other (Please Specify) _____

Assessment Number OF Extract Requested: A.....

Details Requested (ie Owner Name and Postal Address):

.....

Reason for Request:

.....

Signature:..... Date:.....

Office Use Only

Application Approved: YES/NO

Authorised by: _____

Date: _____