

Property Details	
Lot No.:	
Unit No.:	
Street No.:	
Street:	
Suburb:	

Previous Owner Details	
Surname:	
First Names:	
Forwarding Address:	

New Owner Details	
Surname / Company Name:	
Given Names:	
Postal Address:	
Residential Address:	
Contact Number/s:	
Email Address:	

Deceased Estates (complete only if applicable)	
Name of Deceased:	
Date of Death:	

Has this change been lodged with the titles office? Yes No

Please note this form must be submitted with a copy of the titles and or death certificate.

Signature: _____ Date: _____

The City of Rockingham is collecting your personal information to process your change of property ownership form. It may also be used for secondary purposes which would be reasonably expected. We may share this information with authorised third parties to administer your rates.

If you choose not to provide your personal information, the City may be unable to process your change of property ownership form. To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

Office Use Only			
Assessment:		Officer:	
Title Sighted		Date:	