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OWNERS DETAILS NOTIFICATION

Full Name		D.O.B
Full Name		D.O.B
Full Name		D.O.B
Full Name		D.O.B
Postal Address _____ _____		
Residential Address _____ _____		
Previous Address _____ _____		
Telephone	Mobile	
Email		
My Postal Address For <i>(Please tick)</i> <input type="checkbox"/> Rates <input type="checkbox"/> Dog Registration <input type="checkbox"/> Applications - building/planning/plumbing <input type="checkbox"/> Other Licences		
Please list all properties owned in the SORELL MUNICIPALITY		OFFICE USE (PID No#)
_____		_____
_____		_____
_____		_____
_____		_____
Signature		Date
OFFICE USE ONLY		
NAR Checked for duplicates <input type="checkbox"/>	Date Address Updated	
Address changed by		