



TRIM Reference: \_\_\_\_\_

## CONFIRMATION OF SETTLEMENT

Property ownership will be updated on receipt of this form, which must be completed and returned as soon as possible after settlement.

Assessment No: \_\_\_\_\_ Date of Settlement: \_\_\_\_\_

For Property At: \_\_\_\_\_

### PLEASE RETURN TO

City of Greater Geraldton      or      Email: [council@cgg.wa.gov.au](mailto:council@cgg.wa.gov.au)  
Attn: Rates Department      Phone: (08) 9956 6600  
PO Box 101      Fax: (08) 9956 6674  
GERALDTON WA 6531

### PURCHASERS DETAILS for service for future correspondence

Name: \_\_\_\_\_

Residential  
Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Outstanding Balances should be confirmed to ensure correct payment is made prior to settlement.

Did you telephone the Rates Department to verify rating details?       Yes       No

### MONIES OWING TO THE CITY ARE TO BE REMITTED WITHING 14 DAYS OF SETTLEMENT

Where monies are owed to the City, please specify if:

Remittance Enclosed:      \$ \_\_\_\_\_       Full       Part

Outstanding Balance paid by: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

## OFFICE USE

Mtce Date: \_\_\_\_\_ By: \_\_\_\_\_

Owner Codes: \_\_\_\_\_