## **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

Please Return to:	Rates Department As	ssessment No:
City of Greater Geraldton PO Box 101 GERALDTON WA 6531 Phone – (08) 9956 6617 or (08) 9956 6619 Fax – (08) 9956 6674 or (08) 9956 6947		
Refers to Property Tran Described on Reverse	nsfer Date of S	Settlement:
Purchaser's Name & Postal Address: (for service of future Correspondence)	Phone Email Address	Mobile
Rating details should be confirmed close to settlement to ensure correct adjustment		
	aujustinent	
Did you telephone the Rates Department to verify rating details? YES NO		
MONIES OWING TO THE CITY ARE TO BE REMITTED WITHIN 14 DAYS OF SETTLEMENT		
Where monies are owed to the City, please specify if:		
Remittance enclose	ed §	FULL PART
Outstanding Balance pai	d by:	
Please print the name of the person Who completed this form:		
OFFICE USE ONLY		
Maintenance Date:	By:	
Owner Codes:		-