

Return Form to

Administration Office 577 Hannan Street, Kalgoorlie WA 6430
 Customer Service Centre, Kalgoorlie Town Hall, Cnr Wilson & Hannan Street, Kalgoorlie WA 6430
 Postal Address PO Box 2042, Boulder WA 6432
 Telephone (08) 9021 9600 Email mailbag@ckb.wa.gov.au



THIRD PARTY AUTHORITY FORM

PURPOSE: This form provides consent for City of Kalgoorlie-Boulder to disclose rating or property information to a third party nominated by the property owner the information relates to. Additional details can be attached where required.

A third party is any individual or organisation that is not the individual information relates to. The nominated third party may be required to confirm their identity before the City of Kalgoorlie-Boulder will interact with them.

LOGGING THIS FORM: Send your completed form mailbag@ckb.wa.gov.au.

Owner's Details

Owner's Full Name			
Residential Address		Postcode	
Postal Address		Postcode	
Telephone Number		Mobile No	
Email Address			

Property Details

Assessment No	Lot & Plan No	Property Address

Authority

I hereby authorise the third party nominated below, to act on my behalf in relation to the above mentioned properties within the City of Kalgoorlie-Boulder: (Please tick authority type below)

To make enquires and/or request information on my behalf.

To act in all matters (including entering into, accepting or rejecting payment agreements).

This consent will remain in force until [specify date]: _____ or until it is rescinded, amended, or replaced by me or a transfer of ownership is received by the City.

Signature : _____

Date : _____

Nominated Third Party

The third party may be required to also prove their identity before any action in relation to this consent is undertaken.

Third Party's Full Name	
Organisation's Name (if applicable)	
Contact Details	Postal Address
	Phone Number
	Email Address

Signature : _____

Date : _____

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General Terms and Conditions (that apply to all level of authority)	
1.	Only the registered owner/s on the certificate of title may appoint a third party to access or act on an account.
2.	If you appoint a third party you indemnify the City against any and all loss, directly or indirectly incurred as a result of the appointment of a third party.
3.	This authority takes effect on the date that we amend our records to note the appointment and continues until you cancel it by telling us in writing, unless specified on your original authority.
4.	In the event of the death of the owner/s, the authority given under this form will automatically terminate.
5.	Third parties may not give other individuals authority to access or act on this account.

OFFICE USE ONLY			
Officer's Name		Officer's Position	
Department Name		Date	

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