

Property Owners Details Request Form 2023-2024

Privacy Notice: Council deals with personal information in accordance with law, including the *Information Privacy Act 2009*.

This form is to be completed when a customer wishes to obtain property owner details under section 155 of the *Local Government Regulation 2012* for a property existing within the Region. The details provided include the property owner/s name and postal address only. This request takes two business days to process and a fee of \$28.00 will apply for non-adjointing owners.



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Customer Details			
Organisation name:			
Contact name:			
First		Middle	
		Last	
Date of birth:			
Preferred contact number:		Email:	
Preferred delivery method: <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Collect – (Rockhampton, Gracemere, Mt Morgan)			
<i>Email is the standard form of delivery. If this is method is unsuitable please select an alternative.</i>			
Residential Address			
Street number and name:			
Suburb:		State:	Postcode:
Postal address (if different):			
Proof of ID <i>(Please note only one form of identification is required)</i>			
ID type:		ID number:	Expiry date:
Property Details			
Street number and name:			
Suburb:		State:	Postcode:
Lot number:	Plan number:	Are you the adjoining owner/s? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(fee applicable)</i>	
Declaration			
I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.			
Name:		Signature:	Date:
Payment Information			
In person You can pay at Council's Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Mount Morgan; 1 Ranger Street, Gracemere.			
By phone Customer Service staff will contact you regarding payment via credit card or debit once this form is received.			
By post Make your cheques/money order payable to 'Rockhampton Regional Council' and send to PO Box 1860, Rockhampton, Queensland, 4700.			

OFFICE USE ONLY	Date:	CSO:	Information checked: Y / N
	Amount:	Receipt number:	CR number: