



Managing Agent Rate Notice Authorisation

Change of Postal Address Notification

I/We

[insert names of all owners]

Authorise the Corporation of the City of Port Augusta to forward notices for the property situated at:

Address: _____

Assessment No: _____

to my/our managing agents:

Century 21 Top of the Gulf (Port Augusta) Pty Ltd
PO Box 143
PORT AUGUSTA SA 5700

Signature of Owner:

Dated:/...../.....

Signature of Owner:

Dated:/...../.....

On behalf of Century 21 Top of the Gulf (Port Augusta) Pty Ltd, I

[print name]

Agree to notices for the above property being directed to this Company.

Signature of Agent:

Dated:/...../.....

Office Use Only

Date Received: ____/____/____

Processed By: _____

TRIM NO: **F10/119**

PR _____