

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

Email: [council@cgg.wa.gov.au](mailto:council@cgg.wa.gov.au)

Attention: RATES DEPARTMENT

Phone: (08) 9956 6600

Address: PO Box 101  
GERALDTON WA 6531

### PURCHASERS DETAILS *for services for future correspondence*

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

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 OWNING TO THE CITY ARE TO BE REMITTED WITHIN 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: \_\_\_\_\_

Rates Officer: \_\_\_\_\_

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

