

Application Form Request for Property Ownership Details

Applicant de	etails ————				
Postal Address					
Suburb		S	itate		Postcode
Telephone number			Email		
Applicant signature			Date		
Property det				_	
Number	Lot No	Addre			
Suburb			State		Postcode
Reason for F	Request				
Please tick app	ropriate Box	9			
Obtaining adjo	ining owner's com	nments for R	eport and Co	onsent Applicat	tion



Properties for which ownership details are required.

1.					
2.					
3.					
4.					
	Privacy notice				
	Frankston City Council is committed to protecting your privacy. Council requires personal information				
		ment Act 1989 and other legislation and to provide			
	services to the community. In some cases this wi	encies. Your personal information will only be used			
	and disclosed as authorised by law. For further in	formation about how Council handles personal			
	information, or to request access to your personal				
	contact Council's privacy officer on 1300 322 322				
HOW TO SUBI	MIT				
	VIII				
Please submit	your completed form with any required document	ration via one of the methods below.			
i In Person	Frankston City Council - Civic Centre	Langwarrin Customer Service Centre			
T III F CI SOII	30 Davey Street	Shop 6, Gateway Shopping Centre			
	Frankston	230 Cranbourne-Frankston Road			
		Langwarrin			
	Seaford Community Centre				
	1/6 Broughton Street				
	Seaford				
■ By Mail	Frankston City Council				
, -	PO BOX 490				
	Frankston VIC 3199				
⊠ By Email	Please email the completed application for	Please email the completed application form with any required supporting documentation to:			



info@frankston.vic.gov.au