



# Update Contact Details

# Update Contact Details

## OWNERS DETAILS

Name:

/Names:

Email Address:

Phone Number/s:

Postal Address:

## PROPERTY DETAILS:

Street Address	Assessment Number	Lot Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing below I am stating that I am the owner of the nominated properties, and that I authorise the Alice Springs Town Council to update my information

## SIGNATORY 1:

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## SIGNATORY 2:

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

[reset form](#)

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