

NEW APPLICATION	
CHANGES	

		REGISTRATION INFORMATION	ON	
	Company / Trust			
	Surname			
	Given Name(s)			
	Assessment Number			
	Phone		MOBILE	
	Email		ļ	•
	Residential Address			
P	ostal / Mailing Address			
Please Note: On	ly one swipe card per ro	atepayer will be issued. Any addit	ional or replacen	nent access cards required
will be provided	upon completion of a n	ew registration form .		
Comments:				
Signature:		Date	e:	
	<b>-</b> 1		0.00	
		urn form to the Shire of Kent Admini		
	Mail	l: Shire of Kent, PO Box 15, NYABING	WA 6341	
		Phone: (08) 9851 9780		
		Email: admin@kent.wa.gov.au		
		PAYMENT INFORMATION FEES		
		Initial Card		\$0.00
	Ac	dditional Cards		\$25.00
Issued to:		OFFICE USE ONLY	Record No.	
Officer:			Record File	
Date:		•	Int.	
Access Card:		•	Correspondent	
Access culu.		•		
Payment				
Method:			Receipt No.	
Date:				