



# Sale of Property Transfer Advice

Please complete ALL mandatory fields highlighted with an asterisk (\*) and use the Submit button at the bottom to send to Council electronically.

**Please Note** - If there is insufficient space in any of the fields, please include further information in the covering email after clicking Submit.

## \*Section 1 – Property Information

\* Property Address:

\* Property Number/Valuation Number:

\* Title Reference:  \* Lot Number:  \* Plan Number:

\* Settlement Date:

Pursuant to the Local Government Act 1999 and as owner/s of the above property, notice is hereby given that I/we are entitled to have my/our name/s removed from the assessment records and that the assessment records be altered to include the name/s of the new owner/s, to whom I/we have sold my/our estate and interest in the property.

## \*Section 2 – Vendor Information

\* Full Name (1):   
*(Mr/Mrs/Ms) (First Name) (Middle Name) (Last Name)*

\* Full Name (2):   
*(Mr/Mrs/Ms) (First Name) (Middle Name) (Last Name)*

Forwarding Address:

Phone Number:

Other Name Details *(please provide multiple name details, if applicable):*

*(Mr/Mrs/Ms) (First Name) (Middle Name) (Last Name)*

## \*Section 3 – Purchaser Information

\* Full Name (1):   
*(Mr/Mrs/Ms) (First Name) (Middle Name) (Last Name)*

\* Full Name (2):   
(Mr/Mrs/Ms) (First Name) (Middle Name) (Last Name)

\* Address:

Postal Address (if different):

Phone Number:

Other Name Details (please provide multiple name details, if applicable):

(Mr/Mrs/Ms) (First Name) (Middle Name) (Last Name)

Do you own additional properties within the City of Charles Sturt area?  Yes  No

If yes, please provide additional addresses:

Are there any additional services to be updated? (eg library, animals, etc)  Yes  No

If yes, please provide details:

#### \*Section 4 – Conveyancer Information

\* Did you act for: (Please tick)  Vendor  Purchaser  Both

\* Vendor/s Conveyancer Name:

\* Phone Number:

\* Purchaser/s Conveyancer Name:

\* Phone Number:

**OR please PRINT this form and lodge**

**In Person:** Civic Centre, 72 Woodville Road, Woodville SA 5011 or  
Library Branches at Findon, Henley Beach, Hindmarsh and West Lakes  
**By Mail:** City of Charles Sturt, PO Box 1, Woodville SA 5011  
**By Fax:** (08) 8408 1122

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***Office Use Only (form must be sent to Information Management Services to be registered as a Council Document)***

Property Number(s):  Proclaim Name No(s):

Council Employee Name: