



# Application Form Request for Property Ownership Details

To: Building Department  
Frankston City Council  
PO Box 490  
Frankston 3199

Civic Centre  
Corner Young and Davey Streets Frankston  
Phone: (03) 9784 1900  
Fax: (03) 9784 1087

## APPLICANT DETAILS

Name:

Postal Address:

Phone: Home:

Bus:

Mob:

Fax:

Date:

Applicant Signature:

## PROPERTY DETAILS

House No:

Lot No:

Street Name:

Suburb:

## REASON FOR REQUEST

Please tick appropriate Box

Issue of Protection Works Notice

Obtaining adjoining owners comments for Report & Consent Application

Please list below all properties for which ownership details are required

1.

2.

3.

4.

The Personal information on this form is being collected by Council for Building Regulatory matters only. This information will be used solely by Council for that primary purpose or directly related purpose and will not otherwise be disclosed without your consent or as required or permitted by law. You may apply to Council for access and/or amendment of the information.

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