



**SHIRE OF EXMOUTH**  
 PO Box 21  
 Exmouth WA 6707  
 Tel: (08) 9949 3000  
 Fax: (08) 9949 3050

Title: <b>RATES AND PROPERTY REQUEST FORM</b>	
Form Code: PD013	File Reference:
Administered: Planning & Building	Lasted Reviewed: July 2025

**REQUEST FOR RATES AND PROPERTY INFORMATION FORM**

**PROPERTY DETAILS**

Lot: \_\_\_\_\_ House: \_\_\_\_\_ Street: \_\_\_\_\_ Assess No: \_\_\_\_\_

**TOWN PLANNING INFORMATION REQUEST**

<input type="checkbox"/> Town Planning Information Request	\$ 73.00 (inc GST)	(R106146)
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**Provision of copies of planning approvals and conditions which have been approved by Council.**

Town Planning Approvals       Current Zoning       Current Use Classifications

**INFORMATION REQUEST**

<input type="checkbox"/> Rates Enquiry	\$ 85.00	(R031146)
<input type="checkbox"/> Environmental Health Enquiries (Approvals/Orders)	\$ 76.00	(R074140)
<input type="checkbox"/> Building Enquiries (Approvals/Orders)	\$ 99.00	(R135146)
<input type="checkbox"/> Inspection & Report to verify legality of buildings	\$262.00 (inc GST)	(R135146)

**OWNER OF SUBJECT LAND** *(please print in block letters. Not required if requested by authorised settlement agent)*

Owners/s: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Daytime telephone/mobile: \_\_\_\_\_  
 (\*) Signature \_\_\_\_\_ Date \_\_\_\_\_

**DETAILS OF PERSON/S REQUESTING INFORMATION** *(please print in block letters)*

Owner (as above)       OTHER (\* signed letter of approval needed if owner signature not provided above)

Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Facsimile \_\_\_\_\_  
 Postal address: \_\_\_\_\_  
 Daytime Telephone / Mobile Number: \_\_\_\_\_

**CREDIT CARD PAYMENT** *(please print in block letters)*

Please charge     Bankcard     Visa     Mastercard

Amount: \$ \_\_\_\_\_ Credit card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_  
 3 digit security code (last 3 digits on reverse of card): \_\_\_\_\_

Name of card holder: \_\_\_\_\_ Signature of card holder: \_\_\_\_\_

**OFFICE USE ONLY**

RECEIPT #: \_\_\_\_\_ OWNER AUTHORITY: Y / N OFFICER: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

**Email to: [info@exmouth.wa.gov.au](mailto:info@exmouth.wa.gov.au) OR mail to: PO Box 21, Exmouth WA 6707 OR fax to: (08) 9949 3050.**  
 This information is provided within 5 working days (Rates) or 10 working days (Town Planning, Health or Building information) from the receipt of the completed form *and* fees. The applicable fee (inclusive of GST) shown below relate to the search and report of Council records, irrespective of whether the search finds any approvals / information.