

Change of Manager / Acting Manager of a Holiday Home

To	Local Government	City of Busselton	
Land on which the Holiday Home is situated	Address:		
	or Land Description:		
		Suburb	Postcode
Name of Holiday Home <small>(if applicable)</small>			

Land owner/s <small>(Details to be provided in respect of each land owner. Attach extra pages if required.)</small>	Family name:			
	Other names:			
	Postal address	No.:	Street name:	
		Suburb:		Postcode
	Phone numbers: (H)		(W)	
	(Mob)		(Fax)	
(Email)				
Owner Declaration <small>(Making a false statement may be an offence).</small>	I/We declare that all details in this form are true and correct.			
	Signature of OWNER/S:		Date:	

(see over)

***PLEASE NOTE: BOTH DECLARATIONS MUST BE COMPLETED IN DIFFERENT NAMES**

Manager Declaration (Manager details must be completed and signed by Manager)	Family name:		
	Other names:		
	Postal address	No.:	Street name:
		Suburb:	Postcode
	Phone numbers: (H)		(W)
	(Mob)		(Fax)
	(Email)		
	I declare that I accept the appointment of Manager of the abovementioned Holiday Home and		
	i) have day-to-day management of the Holiday Home;		
	ii) may be contacted at any time in any 24 hours; and		
iii) will respond, within a reasonable time but in any event within 24 hours, to any contact or request relating to the Holiday Home.			
Signature of Manager:			
Company Name & Contact Details (if applicable):			



Acting Manager Declaration (Acting Manager details must be completed and signed by Acting Manager)	Family name:		
	Other names:		
	Postal address	No.:	Street name:
		Suburb:	Postcode
	Phone numbers: (H)		(W)
	(Mob)		(Fax)
	(Email)		
	I declare that I accept the appointment of Acting Manager of the abovementioned Holiday Home and		
	i) will undertake all functions of the Manager during the following time periods: _____;		
	ii) have day-to-day management of the Holiday Home;		
iii) may be contacted at any time in any 24 hours; and			
iv) will respond, within a reasonable time but in any event within 24 hours, to any contact or request relating to the Holiday Home.			
Signature of Acting Manager:			
Company Name & Contact Details (if applicable):			

Fees

Application to replace Manager / Acting Manager:

\$35

Holiday Home address:

PAYING BY CREDIT CARD	
Please complete this authority and return it to: CITY OF BUSSELTON, Locked Bag 1, BUSSELTON WA 6280	
TICK ONE BOX	<input type="checkbox"/>  <input type="checkbox"/> 
CARD 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"/>
EXPIRY DATE	___/___/___
AMOUNT	\$ _____
CARD HOLDER'S NAME	<input type="text"/>

	CARD HOLDER'S SIGNATURE
	___/___/___
	DATE