

City of Port Lincoln

Address: **Postal Address:** Email: Telephone:

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16-51-T13

Template No

KIRTON COURT UNITS – EXPRESSION OF INTEREST WAITING LIST APPLICATION FORM

APPLICANT DETAILS:

Full Name of Applicant 1:

Date of Birth:

Full Name of Applicant 2:

Date of Birth:

CONTACT DETAILS:

Mobile:
-

Please note that you have to be 55 years of age or over to qualify for a unit as regulated under the Retirement Villages Act 2016 (SA).

I/We would like to be placed on a waiting list and give permission to City of Port Lincoln to contact me/us in writing when a vacancy is available at the Kirton Court Units.

I/We understand this does not automatically provide rights to the purchase of the units and I/We will be required to undergo the Registration of Interest and Tender process.

SIGNATURE OF APPLICANTS:

	Dated:
APPLICANT 1	

Dated: **APPLICANT 2**