



SUVA CITY COUNCIL

RATES PROFILING SURVEY FORM

ASSESSMENT NO.	TIN NO.																								
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OWNER INFORMATION

OWNER(S) FULL NAME:					
RESIDENTIAL ADDRESS:					
POSTAL ADDRESS (FIJI):					
ADDRESS (OVERSEAS):					
PHONE CONTACT:	HOME:		WORK:		
	MOBILE:		OVERSEAS:		
EMAIL ADDRESS:					
DOES OWNER LIVE ON-SITE?	YES/NO		IS OWNER / TITLE HOLDER DECEASED?	YES/NO	

IS OCCUPANT DIFFERENT FROM TITLE HOLDER? (FAMILY/TENANT)

NAME OF OCCUPANT:					
RESIDENTIAL ADDRESS:					
POSTAL ADDRESS:					
PHONE CONTACT:	LANDLINE:		MOBILE:		
	EMAIL ADDRESS:			TIN NO:	

EMPLOYMENT DETAILS

POSITION TITLE:					
COMPANY NAME:					
STREET ADDRESS:					
WORKPLACE CONTACT:	DIRECT:		MOBILE:		
	WORK EMAIL:			EMPLOYMENT STATUS:	

PROPERTY DETAILS

IF RENTED, STATE NO OF FLATS:		ARE ALL FLATS CHARGED GARBAGE FEES?	YES/NO	
ARE THE FLATS LEGAL?	YES/NO	ARE PHOTOS OF PROPERTY ATTACHED?	YES/NO	

DETAILS PROVIDED BY:

INFORMANT'S NAME:		OFFICER'S NAME:	
INFORMANT'S SIGNATURE:		OFFICER'S SIGNATURE:	
DATE:		DATE:	