

	Change of Address Form	Version No:	V 01.04
		Reviewed Date:	08/08/2018
		Next Review:	08/08/2020

Change of Address Form

Ratepayer Name/s: _____

Assessment No/s: A_____ A_____ A_____

Previous Address: _____

Postcode: _____

New Address: _____

Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Do you have a debtor account that requires changing? YES / NO

Please tick if you wish your 2nd, 3rd and 4th quarter rates notices to be emailed

Please note that it is the Ratepayer's responsibility to ensure their contact details are up to date. If an email is returned due to the email address being incorrect your rate notice will be posted to the postal address on your assessment.

Change relates to all owners: Yes/No Change relates to owner/s: _____
(Please specify)

If the change of address does not relate to all owners, is all correspondence to be sent to the new address, including rate notices, accounts, dogs, etc YES/NO

Signature:

_____/_____/_____
Date:

Office Use Only

Rates Debtors Creditors

S/S Record Number: _____ DCMR _____

Completed: _____ (Signed)