

	Change of Address Form	Version No:	V 01.05
		Reviewed Date:	21/04/2021
		Next Review:	21/04/2023

## 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 note that it is the Ratepayer's responsibility to ensure their contact details are up to date. For rates notices to be sent via email, please sign up to EziBill. Information about EziBill can be found on Council's website, [www.mtr.sa.gov.au](http://www.mtr.sa.gov.au) or by contacting the office.*

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Office Use Only</b>		
Rates <input type="checkbox"/>	Debtors <input type="checkbox"/>	Creditors <input type="checkbox"/>
S/S Record Number: _____		DCMR _____
Completed: _____ (Signed) ____/____/____ (Dated)		