

	<h2 style="margin: 0;">Change of Address Form</h2>	Version No:	V 01.04
		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 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:

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