

CHANGES TO MAILING ADDRESS/PERSONAL DETAILS

OFFICE USE ONLY

Record No: _____

Date: ____ / ____ / ____

THIS CHANGE APPLIES TO

☐ Dog Registrations

☐ Rates

☐ Creditor/Debtor Accounts

PERSONAL DETAILS

☐ Owner

☐ Part Owner

☐ Occupier

Given Name/s

Surname

Preferred Phone Number/s

Date of Birth

Email Address

PROPERTY DETAILS

Property Address

Assessment Number/s

Does this change of address apply to all owners of this property? ☐ YES ☐ NO

If not, please specify:

UPDATED ADDRESS DETAILS

Resident Address

Postal Address

MANAGING AGENT RATE NOTICE AUTHORISATION

Agent Name & Postal Address

ANIMAL DETAILS

Previous Kept At Address

New Kept at address

Dog Name/s

Animal Number/s

CONFIRMATION

I declare that the information provided on this form is true and correct

Date:

Signature:

Signature:

If the change relates to a change of Surname, please enclose

a copy of a Marriage Certificate, Birth Certificate, or relevant documentation as evidence

TELEPHONE ADVICE

Staff member advised:

Date:

PERSONAL INFORMATION

Any Personal Information submitted to the Port Augusta City Council will be dealt with according to the Council's Privacy Policy, the Freedom of Information Act (1991) and the Local Government Act (1999)