

Change of Address Form

*This form is to be completed by an owner only.
Please return completed form to Council.*



Date: ____/____/____

Assessment Number:	
Property Address:	

Ratepayer Name:	
Residential Address:	
Current Postal Address:	
New Postal Address:	
Contact Number:	
Email Address:	

I, (insert full name) _____, owner of the above property address,
would like to update for the following account: *(please indicate one of the below options)*

rates

water

both

Print Name: _____

Signature: _____