





# NOTIFICATION OF CHANGE OF ADDRESS/RATEPAYER

The only controlled copy of this document is that found on the Shire Network.  
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**POSTAL ADDRESS:**

(Where you want your rate notice sent)

\_\_\_\_\_

Town

State

Post Code

**CHANGE OWNER NAME:**

(Previous Name)

(New Name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please supply copy of Title/Deed poll Certificate/Marriage/Divorce Certificate or Drivers Licence for change of name)

**CHANGE RATEPAYER NAME:**

(Previous Name)

(New Name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Can only be changed by Owner)

**DO YOU HAVE ANY OTHER ACCOUNTS/DOG REGISTRATION THAT YOU WANT TO CHANGE ADDRESS ON?**

**Please List**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE**

**DATE**

This information may be disclosed to third parties if deemed necessary. The information used in this form will be used in accordance with the Privacy and Data Protection Act 2014 (Victoria). To view Council's privacy policy please go to Privacy and Data Protection Policy 81 at [www.campaspe.vic.gov.au](http://www.campaspe.vic.gov.au) or visit Council's office to view a copy of the policy.

**IF MAILING PLEASE RETURN TO:**

**SHIRE OF CAMPASPE, P O BOX 35, ECHUCA, VIC 3564**

**OFFICE USE ONLY**

**ENTERED BY:**

**DATE ENTERED:**