



NOTIFICATION OF CHANGE OF ADDRESS/RATEPAYER

The only controlled copy of this document is that found on the Shire Network.
Printed copies of this document are current as at the print date shown on the bottom of the page.

PROPERTY NUMBER:
(List all property numbers affected by change)

LOCATION OF PROPERTY:
(List all properties affected by change)

_____	_____
_____	_____
_____	_____
_____	_____

(List all owners affected by change)
PROPERTY OWNERS FULL NAME:

_____	_____	_____
Surname/Business Name	First Name	Date of Birth/ABN Number
PROPERTY OWNERS FULL NAME:		

_____	_____	_____
Surname/Business Name	First Name	Date of Birth/ABN Number
PROPERTY OWNERS FULL NAME:		

_____	_____	_____
Surname/Business Name	First Name	Date of Birth/ABN Number

(Please List all rate payers affected by change)
PROPERTY RATE PAYER:

_____	_____	_____
Surname/Business Name	First Name	Date of Birth/ABN Number
PROPERTY RATE PAYER:		

_____	_____	_____
Surname/Business Name	First Name	Date of Birth/ABN Number
PROPERTY RATE PAYER:		

_____	_____	_____
Surname/Business Name	First Name	Date of Birth/ABN Number

PREVIOUS ADDRESS:
(Old Address)

_____	_____	_____
Town	State	Post Code

RESIDENTIAL ADDRESS:
(Where you physically live)

_____	_____	_____
Town	State	Post Code

_____	_____
Email Address	Phone Number



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POSTAL ADDRESS:
(Where you want your rate notice sent)

Town	State	Post Code
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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

(Account Code)	(Account Name)
(Account Code)	(Account Name)
(Animal Number)	(Animal Name)
(Animal Number)	(Animal Name)

SIGNATURE	DATE
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IF MAILING PLEASE RETURN TO: SHIRE OF CAMPASPE, P O BOX 35, ECHUCA, VIC 3564

OFFICE USE ONLY

ENTERED BY:

DATE ENTERED: