

Notification of Change of Mailing/ Residential Address

Office Use Only (Please circulate to the departments below. Responsible Officers to sign off when complete)		
Department	Officer	Signature
Name & Address register		
Rates		
Debtors		
Creditors		
Payroll		
By-laws		
Animal registration		
Fire prevention		
Home care, MOW & Home maintenance		

Property Details			
Assessment Number		Date	
Property Address			
Suburb		Post Code	
Are you the property Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please complete "changes of occupiers" details below)		

Changes for the property owners			
Is this change for all owners?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please specify details of owner requiring change of address)		
Owners Name		Date of birth	
New Residential Address			
New Postal Address			

Correspondence Details			
Is this change of name for all correspondence from the Surf Coast Shire? (If No, please indicate which application this change relates to by ticking the appropriate box)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Rates <input type="checkbox"/> Animals <input type="checkbox"/> Debtors <input type="checkbox"/> Creditors			
Full Name		Phone	
Signature Applicant		Signature Council Officer	

Privacy Statement: The Surf Coast Shire considers that the responsible handling of personal information is a key aspect of democratic governance, and is strongly committed to protecting an individual's right to privacy. Council will comply with the Information Privacy Principles as set out in the Information Privacy Act, 2000. The information will not be disclosed to any other party unless Council is required to do so by law.