



CHANGE OF ADDRESS & CONTACT DETAILS

ASSESSMENT: _____

DATE: _____

PROPERTY ADDRESS: _____

RATEPAYER 1: *(Primary owner to receive all notices).* **If multiple ratepayers, please complete over page.**

FIRST NAME: _____

MOBILE: _____

MIDDLE NAME: _____

HOME PHONE: _____

SURNAME: _____

EMAIL: _____

RATE NOTICES

WATER NOTICES

RESIDENTIAL ADDRESS: _____

RESIDENTIAL ADDRESS: *Same as Rates please tick*

POSTAL ADDRESS: *Same as above please tick*

POSTAL ADDRESS: *Same as Rates please tick*

BILLING ADDRESS: (AGENT/3RD PARTY)

BILLING ADDRESS: (AGENT/3RD PARTY)

SIGNED (Ratepayer): _____

OFFICE USE ONLY

RATEPAYER VERIFIED IN RATES: Y / N
WATER: Y / N / NA

NAR (RATEPAYER 1): _____
CREDITOR/DEBTOR: _____
FINANCE OFFICER ADVISED: Y / N / NA

CLAIMING A PENSION REBATE: Y / N

PROCESSED: _____

DATE: _____

CHANGE OF ADDRESS & CONTACT DETAILS FOR ADDITIONAL RATEPAYERS

RATEPAYER 2: NAR:

FIRST NAME: _____

MIDDLE NAME: _____

SURNAME: _____

MOBILE: _____

HOME PHONE: _____

EMAIL: _____

RESIDENTIAL ADDRESS: *Same as Ratepayer 1 please tick*

POSTAL ADDRESS: *Same as above please tick*

RATEPAYER 4: NAR:

FIRST NAME: _____

MIDDLE NAME: _____

SURNAME: _____

MOBILE: _____

HOME PHONE: _____

EMAIL: _____

RESIDENTIAL ADDRESS: *Same as Ratepayer 1 please tick*

POSTAL ADDRESS: *Same as above please tick*

PROCESSED: _____

RATEPAYER 3: NAR:

FIRST NAME: _____

MIDDLE NAME: _____

SURNAME: _____

MOBILE: _____

HOME PHONE: _____

EMAIL: _____

RESIDENTIAL ADDRESS: *Same as Ratepayer 1 tick*

POSTAL ADDRESS: *Same as above please tick*

RATEPAYER 5: NAR:

FIRST NAME: _____

MIDDLE NAME: _____

SURNAME: _____

MOBILE: _____

HOME PHONE: _____

EMAIL: _____

RESIDENTIAL ADDRESS: *Same as Ratepayer 1 tick*

POSTAL ADDRESS: *Same as above please tick*

DATE: _____