



Office use only:
 PW _____

CHANGE OF ADDRESS DETAILS

Property Address: _____

Additional Assessment No: _____

Owner/s Name/s: _____ **Date of Birth** __/__/__

_____ **Date of Birth** __/__/__
 Date of birth is used to compile voters rolls and will not be used or disclosed for any other purpose

Company Name & A.C.N/Business Name & A.B.N (if applicable):

New Postal Address: _____

If you supplied a Post Office Box or Real Estate Agency as your address for service of notices please also provide a residential address for compilation of voter rolls.

Residential Address: _____

Would you like any other Council Departments notified of your change of mailing address? If **YES** could you please tick the appropriate box below:

- Rates
- Debtors – Home Help, Family Day Care, Meals on Wheels etc.
- Other (Please Specify) _____

Owner/s Signature/s **Date** .../.../.....

Name: (Block Letters) _____

Telephone: (H) _____ **(W)** _____ **(M)** _____

Email: _____

Information Privacy

The personal information requested is required primarily for the provision of the service referred to on this form and will only be shared with those directly responsible for providing that service. We are required to collect this information under the Local Government Act 1989.

Please complete and send by email to rates@portphillip.vic.gov.au
 or post to City of Port Phillip, Rates Office, Private Bag 3, St Kilda VIC
 3182