



**CHANGE OF ADDRESS FORM FOR COUNCIL CORRESPONDENCE.**

**PROPERTY ADDRESS:**

Number/Road/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

(If there is more than one property subject to this change of address, please complete the additional property details on the reverse side of this form)

**OWNER DETAILS:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Company Name & A.C.N. (if applicable):  
\_\_\_\_\_

**PREVIOUS MAILING ADDRESS:**

Road/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

**NEW MAILING ADDRESS:**

Road/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**PLEASE INDICATE THE COUNCIL DEPARTMENTS THAT THIS CHANGE OF ADDRESS NOTIFICATION IS TO BE PROVIDED TO:**

**Animal Management**      Yes    No

(Do you also want to change the Property location for your animal/s?      Yes    No)

**Health**      Yes    No    \*      **Parking Permits**      Yes    No

**Planning & Building**      Yes    No    \*      **Rates**      Yes    No

**All Departments**      Yes    No

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Name** (in block letters please) \_\_\_\_\_

**Address of additional properties in the City of Port Phillip for which the mailing address requires changing, as detailed overleaf.**

Road/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Road/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Road/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Road/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Road/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Road/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Road/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Please return this form to:

Rates Department  
City of Port Phillip  
Private Bag 3  
St Kilda VIC 3182

Fax: 03 9536 2770

E-mail: [helprate@portphillip.vic.gov.au](mailto:helprate@portphillip.vic.gov.au)

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