



Locked Bag 2  
 Nunawading Delivery Centre 3131  
 Tel: 9262 6292  
 Fax: 9262 6490  
 Email: customer.service@whitehorse.vic.gov.au

## CHANGE OF NAME & ADDRESS INFORMATION

TO BE COMPLETED AND SIGNED BY PROPERTY OWNER

Property Address:.....

Assessment Number with Check Digit:.....

Email:.....

Tel Home.....

Tel Work.....

Mobile.....

### CHANGE OF NAME

Reasons	Married	Deceased	Other
Date	/ /	/ /	/ /

If other, give details.....

#### CURRENT NAME DETAILS:

Surname: ..... Given Names ..... Title.....

Surname: ..... Given Names ..... Title.....

#### NEW NAME DETAILS:

Surname: ..... Given Names ..... Title.....

Surname: ..... Given Names ..... Title.....

### CHANGE OF ADDRESS

#### OWNERS FULL NAME/S:

Surname: ..... Given Names ..... Title.....

Surname: ..... Given Names ..... Title.....

#### RESIDENTIAL ADDRESS:

.....

#### NEW MAILING ADDRESS: (ONLY IF DIFFERENT TO RESIDENTIAL ADDRESS)

.....

Signed.....

Date.....

(Owner's Signature)

*The personal information requested on this form is being collected by Whitehorse City Council for municipal purposes and objectives and various statutory obligations of Council. This information will be used solely by Council for that primary or related purpose and will not be disclosed to any other party except as required by law. Individuals have a right to seek access to their personal information and make corrections by contacting Council's Privacy Officer on 9262 6413. You may view Council's Privacy Policy on our website [www.whitehorse.vic.gov.au](http://www.whitehorse.vic.gov.au) or obtain a copy from any of the Council offices.*

THIS FORM IS ONLY TO BE USED TO AMEND NAME AND ADDRESS INFORMATION. IF OWNERSHIP OF THE PROPERTY HAS CHANGED, A NOTICE OF DISPOSITION/ACQUISITION SHOULD BE LODGED WITH COUNCIL

OFFICE USE ONLY	Date Received	/ /	Processed	/ /
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