

CHANGE OF NAME/ADDRESS FORM

You must complete a SEPARATE FORM for each property owned



PROPERTY ADDRESS

ASSESSMENT NO.

Rate Office
PO Box 1
Glen Waverley 3150
Ph: 9518 3497
Fax: 9518 3672

LIST ALL PROPERTY OWNERS & THEIR PERSONAL DETAILS

If more than two owners please complete page 2

Name (first owner) **Surname** **Male/Female** (circle)

Given names

Previous Name *Leave blank if no change. If you have changed any part of your name, please write your previous name in full.*

Date of Birth *DD/MM/YYYY*

Residential Address *Where you live (cannot be a PO Box)*

Postal Address *Leave blank if same as residential address*

Mobile No. **Business No.** **Home No.**

Name (second owner) **Surname** **Male/Female** (circle)

Given names

Previous Name *Leave blank if no change. If you have changed any part of your name, please write your previous name in full.*

Date of Birth *DD/MM/YYYY*

Residential Address *Where you live (cannot be a PO Box)*

Postal Address *Leave blank if same as residential address*

Mobile No. **Business No.** **Home No.**

ALL MAIL TO BE SENT TO THE FOLLOWING ADDRESS

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DO YOU REQUIRE A NEW RATE NOTICE **NO** **YES**

OWNER TO SIGN & DATE

The information appearing on this notice is used by Council for municipal purposes and objectives and the various statutory obligations of Council. You may view Council's Privacy Policy and Statement on our website www.monash.vic.gov.au or obtain a copy from any of the Council offices or contact Council's Privacy Officer on 9518 3696.

Name (third owner) **Surname**..... **Male/Female** (circle)
 Given names

Previous Name *Leave blank if no change. If you have changed any part of your name, please write your previous name in full.*
.....

Date of Birth *DD/MM/YYYY*

Residential Address *Where you live (cannot be a PO Box)*

.....

Postal Address *Leave blank if same as residential address*
.....

Mobile No **Business No** **Home No**

Name (fourth owner) **Surname**..... **Male/Female** (circle)
 Given names

Previous Name *Leave blank if no change. If you have changed any part of your name, please write your previous name in full.*
.....

Date of Birth *DD/MM/YYYY*

Residential Address *Where you live (cannot be a PO Box)*

.....

Postal Address *Leave blank if same as residential address*
.....

Mobile No **Business No** **Home No**

Name (fifth owner) **Surname**..... **Male/Female** (circle)
 Given names

Previous Name *Leave blank if no change. If you have changed any part of your name, please write your previous name in full.*
.....

Date of Birth *DD/MM/YYYY*

Residential Address *Where you live (cannot be a PO Box)*

.....

Postal Address *Leave blank if same as residential address*
.....

Mobile No **Business No** **Home No**