|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Account Types** | | | | | | | |
| Please select the accounts you would like to advise change of address for.  Rates  Development  Health  Community Care  Other | | | | | | | |
| **Rates Account Details** | | | | | | | |
| **Assessment Number:** | | |  | **Lot/Section Number:** | |  | |
| **Valuation Number:** | | |  | **Certificate Of Title:** | |  | |
| **Property Address:** | | |  | | | | |
| **New Postal Address** | | | | | | | |
| **Surname** | | |  | **Surname** | |  | |
| **Owner 1 Name/s** | | |  | **Owner 2 Name/s** | |  | |
| **Date of Birth** | | |  | **Date of Birth** | |  | |
| **Postal /Mailing Address:** | | |  | | | | |
| **Phone Number 1:** | | |  | **Phone Number 2:** | |  | |
| **Alternative Contact:** | | |  | | | | |
| **Email Address:** | | |  | | | | |
| **Name:** |  | | | | | | |
| **Signature:** |  | | | | **Date:** | |  |
| **Dog Registration Details** | | | | | | | |
| Please remember to change your dog’s registration details with Dogs and Cats Online [www.dogsandcatsonline.com.au](http://www.dogsandcatsonline.com.au) | | | | | | | |
| **Council Voter’s Role** | | | | | | | |
| Please remember to change your address with the Australian Electoral Commission [www.ecsa.gov.au](http://www.ecsa.gov.au) | | | | | | | |
| **Declaration For Non Property Owners** | | | | | | | |
| *Where the address for notices is to persons other than the property owner (eg. leaseholder or occupier), the addressee is to complete the following declaration:*  *“I accept responsibility for notices for The Rural City of Murray Bridge in relation to the above described property, recognising that this does not apply to Dog Registration or Council Voters Roll.”* | | | | | | | |
| **Signature** | | | | | | | |
| **Name:** |  | | | | | | |
| **Postal Address:** | |  | | | | | |
| **Signature:** |  | | | | **Date:** | |  |

Office use only.

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| --- | --- | --- | --- |
| **Checklist** | | | |
| Rates  Development  Health  Community Care  Other | | | |
| **Responsible Officer Signature** | | | |
| **Name:** |  | | |
| **Signature:** |  | **Date:** |  |