

# Alteration to Assessment Record

## Change of Address



Please complete this form in **BLOCK LETTERS** and return by:

- ) **Post:** PO Box 11, Victor Harbor SA 5211
- ) **Email:** [localgov@victor.sa.gov.au](mailto:localgov@victor.sa.gov.au)
- ) **In person:** 1 Bay Road, Victor Harbor

P 08 8551 0500  
 F 08 8551 0501  
 E [localgov@victor.sa.gov.au](mailto:localgov@victor.sa.gov.au)  
**[www.victor.sa.gov.au](http://www.victor.sa.gov.au)**

### Property Details

Assessment Number A \_\_\_\_\_ Valuation Number \_\_\_\_\_

Address \_\_\_\_\_

#### Owner No 1

#### Owner No 2

**Name:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

**New Postal Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

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

**Please see back of form for additional owners**

**Billing address for Rate Notices (if different to above):**

\_\_\_\_\_  
 \_\_\_\_\_

**Do these changes apply to other Council Departments?**

**Dog Registration:** Name of dog(s): \_\_\_\_\_

Tag No(s): \_\_\_\_\_

**Development Application:** 453/ \_\_\_\_\_

**Library Card:** Card No(s): \_\_\_\_\_

**Owner No 3**

**Owner No 4**

**Name:**

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**Residential Address:**

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**New Postal Address:**

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**Home Phone:**

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**Mobile Phone:**

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**Email:**

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**Signature:**

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**Date:**

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**Owner No 5**

**Owner No 6**

**Name:**

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**Residential Address:**

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**New Postal Address:**

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**Home Phone:**

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**Mobile Phone:**

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**Email:**

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**Signature:**

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**Date:**

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