

Alteration to Assessment Record

Change of Name



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

-) **Post:** PO Box 11, Victor Harbor SA 5211
-) **Email:** 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
www.victor.sa.gov.au

Applicant Details

Name _____
Address _____
Email _____ Phone _____

Property Details

Assessment Number A _____ Valuation Number _____
Address _____

Details to be Changed

Full Name currently shown as: _____
Full Name to be changed to: _____

Reason for change/correction of name

- Marriage*
- Reverting to maiden name*
- Change of name by deed poll*
- Correction or Other, Please specify _____

*** Please attach evidence showing the name before and after the change, such as Certificate from Birth, Deaths and Marriages**

Do these changes apply to other Council Departments?

Dog/Cat Registration: Name of dog/cat(s): _____
Tag No(s): _____

Development Application: 453/ _____

Library Card: Card No(s): _____

Signature of applicant: _____

Date: _____