

NOTIFICATION OF CHANGE OF ADDRESS FORM

TITLE: _____		*SURNAME: _____	
* GIVEN NAME: _____		* MIDDLE NAME _____	
HOME NUMBER: _____		FAX NUMBER: _____	
MOBILE NUMBER: _____		WORK NUMBER: _____	
EMAIL ADDRESS: _____			
* YOUR <u>OLD</u> RESIDENTIAL ADDRESS:		* YOUR <u>NEW</u> RESIDENTIAL ADDRESS:	
SUBURB:		SUBURB:	
STATE:	POSTCODE:	STATE:	POSTCODE:
ASSESSMENT NO:		ASSESSMENT NO:	
* YOUR <u>OLD</u> POSTAL ADDRESS:		* YOUR <u>NEW</u> POSTAL ADDRESS:	
SUBURB:		SUBURB:	
STATE:	POSTCODE:	STATE:	POSTCODE:

Do you claim a Pension Rebate on any property within the City of Mandurah? YES: NO:
 If yes for property other than listed above please list here:

Do you own a dog: YES: NO:
 If yes please list below:

DOGS NAME:	TAG NUMBER:	TYPE:

Are the above mentioned dogs kept at the new address? YES: NO:
 If no, please show the address in which they are kept:

Would you like this address change to relate to all correspondence sent to you from the City of Mandurah. YES: NO:

SIGNED: _____	DATE: _____
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*** THESE FIELDS ARE MANDATORY**

Do you own property within the City of Mandurah? If yes please list over page: YES: NO:

Assessment Number:	Property Address: