

**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: _____
* 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:

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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:

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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 multiple properties within the City of Mandurah? If yes please list over page: YES:  NO:

Assessment Number:	Property Address: