



## CHANGE OF ADDRESS for RATES NOTICE

A SEPARATE ADVICE IS REQUIRED FOR EACH PROPERTY

PROPERTY ASSESSMENT NO: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

ADVICE TO UPDATE  POSTAL ONLY  OWNER RESIDENTIAL  BOTH  ADD DIRECTOR DETAILS

COMPANY NAME: \_\_\_\_\_ ACN \_\_\_\_\_

**OWNER/DIRECTOR DETAILS:** (provision for two – if more, add to reverse of this page)

SURNAME: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_ (write 'as above' if same as property)

Contact No's: Mob: \_\_\_\_\_ H: \_\_\_\_\_ B: \_\_\_\_\_

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

2. SURNAME: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_ (write 'as above' if same as property)

Contact No's: Mob: \_\_\_\_\_ H: \_\_\_\_\_ B: \_\_\_\_\_

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

**POSTAL: OWNER:** \_\_\_\_\_

C/- \_\_\_\_\_ (if Agent/Nominee)

ADDRESS \_\_\_\_\_

SUBURB/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ PCODE: \_\_\_\_\_ COUNTRY \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*INFORMATION CANNOT BE UPDATED WITHOUT OWNER'S SIGNATURE**

2022/23

**Privacy Collection Statement:** Hobsons Bay City Council is committed to protecting your privacy. The personal information requested on this form is collected by Council for the sole purpose of maintaining property records in accordance with Local Government Act 1989 and municipal voters rolls. Your personal information will not be disclosed to any external party without your consent, unless required or authorised by law. You have a right to seek access to your personal information and make corrections. If you have any queries or wish to gain access to amend your information please contact Council's Privacy Office on (03) 9932 1047.