РО 1 В

## 2023/2024 - FM7.69.005

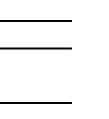
## **Alteration to Assessment Record Change of Address**

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

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

## **Property Details**

| Assessment Number A          | Valuation Number                  |                              |  |
|------------------------------|-----------------------------------|------------------------------|--|
| Property<br>Address          |                                   |                              |  |
|                              | Owner No 1                        | Owner No 2                   |  |
| Name:                        |                                   |                              |  |
| New Residential Address:     |                                   |                              |  |
| New Postal Address:          |                                   |                              |  |
| Home Phone:                  |                                   |                              |  |
| Mobile Phone:                |                                   |                              |  |
| Email:                       |                                   |                              |  |
| Signature:                   |                                   |                              |  |
| Date:                        |                                   |                              |  |
|                              | Please see back of form for addit | ional owners                 |  |
| Do require any other details | s updated?                        |                              |  |
| DACO - Dog/Cat Reg           | istration: Name(s) of dog/cat:    |                              |  |
| Development Applica          | ation: 453/                       |                              |  |
| Library Card: Card N         | o(s):                             |                              |  |
| Accounts Receivable          | es: Sundry Debtor No(s):          |                              |  |
| Accounts Payables:           | Creditor No(s):                   | _                            |  |
|                              |                                   |                              |  |
|                              |                                   |                              |  |
| Box 11<br>Bay Road           |                                   | P 08 8551 05<br>F 08 8551 05 |  |
| tor Harbor SA 5211           | www.victor.sa.gov.au              | F localgov@victor sa gov     |  |





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| Owner | No | 3 |
|-------|----|---|
|-------|----|---|

| Name:                | <br> |
|----------------------|------|
| Residential Address: | <br> |
|                      | <br> |
| New Postal Address:  | <br> |
|                      | <br> |
| Home Phone:          | <br> |
| Mobile Phone:        | <br> |
| Email:               | <br> |
|                      |      |
| Signature:           | <br> |
| Date:                |      |

| Name:                | Owner No 5 | Owner No 6 |
|----------------------|------------|------------|
| Residential Address: |            |            |
| New Postal Address:  |            |            |
| Home Phone:          |            |            |
| Mobile Phone:        |            |            |
| Email:               |            |            |
| Signature:           |            |            |
| Date:                |            |            |