



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 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 additional owners

Do require any other details updated?

- ☐ **DACO - Dog/Cat Registration:** Name(s) of dog/cat: _____
- ☐ **Development Application:** 453/_____
- ☐ **Library Card:** Card No(s): _____
- ☐ **Accounts Receivables:** Sundry Debtor No(s): _____
- ☐ **Accounts Payables:** Creditor No(s): _____

Owner No 3

Owner No 4

Name:

Residential Address:

New Postal Address:

Home Phone:

Mobile Phone:

Email:

Signature:

Date:

Owner No 5

Owner No 6

Name:

Residential Address:

New Postal Address:

Home Phone:

Mobile Phone:

Email:

Signature:

Date:
