

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

P 08 8551 0500
 F 08 8551 0501
 E localgov@victor.sa.gov.au
www.victor.sa.gov.au

Property Details

Assessment Number A _____ Valuation Number _____

Address _____

Owner No 1

Owner No 2

Name: _____

Residential Address: _____

New Postal Address: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Signature: _____

Date: _____

Please see back of form for additional owners

Billing address for Rate Notices (if different to above):

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:
