Alteration to Assessment Record
Change of Name

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

Applicant Details

Name _____

Address _____

Email _____ Mobile _____

Property Details

Property ID _____ Valuation Number _____

Address _____

Details to be Changed

Full Name currently shown as: _____

Full Name to be changed to: _____

Reason for change/correction of name

- ☐ Marriage*
- ☐ Reverting to maiden name*
- ☐ Change of name by deed poll*
- ☐ Correction or Other, Please specify _____

*** Please attach evidence showing the name before and after the change, such as Certificate from Birth, Deaths and Marriages**

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): _____

Signature of applicant: _____ Date: _____

July 26/27