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 Address _____

Property ID _____ Valuation Number _____

Owner No. 1 (please print clearly)

Name _____

New Residential Address _____

New Postal Address _____

Mobile Phone _____ Other Phone _____

Email _____

Owner No. 2 (please print clearly)

Name _____

New Residential Address _____

New Postal Address _____

Mobile Phone _____ Other Phone _____

Email _____

Do you require other areas to be updated with this new information?

DACO – Dog & Cat Registrations	Name/s of pets	
Library Card	Card Number/s:	
Exceptional Circumstances Bin	Bin Number:	
Annual Boat Ramp Permit	Permit Number:	
Accounts Receivable	Sundry Debtor Number:	
Accounts Payable	Creditor Number:	
Current Development Application	DA Number:	

If there are more than two owners, please attach an additional form.

Signature of applicant: _____ Date: _____

Signature of applicant: _____ Date: _____

July 26/27