Rates Change of Address Form



Assessment Number:

Please note: You must be the owner of the property and the form must be completed in full for changes to be made. Change of addresses will no longer be taken over the phone.

OWNER DETAILS			
Owner 1 Surname:		Given Name(s):	
Contact Number:		Email:	
Owner 2 Surname:		Given Name(s):	
Contact Number:		Email:	
PROPERTY DETAILS			
Address of Rated Property:			
New Residential Address:			
New Postal Address:			
Is this change applicable for all owner Owner 1 Owner 2	ers? Yes No If	no, please specify which owne	er the change relates to:
Do you claim a pension rebate on thi If yes, you will need to contact Water Co			S.
Effective Date of Change:			
Do you have animals registered with If yes, please complete the Animal Regi		No s form (located on the Shire we	ebsite) and submit with this form.
DECLARATION			
I declare that I am the owner of this p	property and all informat	ion provided in this form is t	rue and correct.
Signature Owner of Property		_	Date
Please email completed form to <i>rates</i> @ For any enquiries, please contact the R			e WA 6450.
OFFICE USE ONLY			
Officer:	CM-9 Ref:	Date Ent	tered:

Rates Change of Address Form