



CHANGE OF PROPERTY ADDRESS

Owner(s)/Applicant(s) Details			
Applicant Name:			
Company Name (if applicable):			
Address:			
Suburb:		Postcode:	
Email address:			
Phone Number:			

Existing Property Address			
Lot Number:		Street Number:	
Street Name:			
Suburb:		Postcode:	
Preferred Property Address			
Lot Number:		Street Number:	
Street Name:			
Suburb:		Postcode:	
Reason For Change of Address:			

1. Do you own the above property? <i>If no, please note the owners signature is required below</i>	Yes / no
2. Is this property Strata Titled? <i>If yes, you require the written consent from the owners of all strata lots.</i>	Yes / no
3. Do you accept that all costs associated with changing the address of the above property are your responsibility? <i>if no, this application will not progressed</i>	Yes / no
4. Would the NEW address be the Preferred Mailing Address for All Correspondence from the City of Vincent? <i>If No, then please indicate which section would be affected by the change of details: (Please tick) Rates Services Planning Services Creditor/Debtor Services Building Services Ranger Services Health Services Waste Management Services Other</i>	Yes / no
PLEASE NOTE A \$105.00 application fee is payable upon submission of your application and is not refundable in the event that the request be refused.	

Owner's Name	
Owner's Signature	