



Southern Drive, Busselton WA 6280
 All Correspondence to:
 The Chief Executive Officer
 Locked Bag 1, Busselton WA 6280
 Ph: (08) 9781 0444 – Fax: (08) 9752 4958
 Email: city@busselton.wa.gov.au Web: www.busselton.wa.gov.au

CHANGE OF NAME AND ADDRESS FORM

CURRENT DETAILS: (PLEASE PRINT) **FOR MULTIPLE PERSONS PLEASE COMPLETE ONE SECTION EACH**

Full Name 1: _____ D.O.B: _____

Phone Nos: AH: _____ MB: _____ BH: _____

Email Address: _____

Full Name 2: _____ D.O.B: _____

Phone Nos: AH: _____ MB: _____ BH: _____

Email Address: _____

OLD ADDRESS DETAILS: (PLEASE PRINT)

Residential Address: _____

_____ Postcode: _____

Postal Address: _____

_____ Postcode: _____

NEW ADDRESS DETAILS: (PLEASE PRINT) **PLEASE WRITE 'AS ABOVE' IF ANY OF THE DETAILS ARE THE SAME**

PLEASE TICK **OWNER** **OCCUPIER**

Residential Address: _____

_____ Postcode: _____

Postal Address: _____

_____ Postcode: _____

CHANGE OF NAME: (PLEASE PRINT) **PLEASE PROVIDE DOCUMENTARY EVIDENCE OF NAME CHANGE**

Old Name: _____ New Name: _____

REFERENCE DETAILS: (PLEASE PRINT) **PLEASE PROVIDE REFERENCE NUMBERS WHERE POSSIBLE IN EACH AREA BELOW**

Rates (property ID(s) – see rates notice): _____

Debtor/Creditor Accts (acct number(s) – see invoice): _____

Dog registration no(s)/name(s): _____

Cat registration no(s)/name(s): _____

Please indicate if a replacement registration tag is required Animal name: _____

I/We give permission for the City of Busselton to use this information to change the address/name details on all City managed systems. This form must be signed by the property owner, animal owner, creditor, debtor or applicant. If the property is owned jointly, property owner must sign. If signed by a power of attorney, a copy of the power of attorney must be provided. If executed by a company, the form must be executed in accordance with the Company's constitution and the Corporations Act 2001 (C'wealth).

SIGNATURE 1: _____ **DATE:** / / **SIGNATURE 2:** _____ **DATE:** / /