Change of Name and Address Council Rates



Reason for change:	·
(Note: Please attach copy of documentat	ion as proof (Marriage/Death Certificate / Power of Attorney/etc.)
Assessment Number:	
Property address:	
Assessment number: (If more than one property) Property address:	
Postal address for rates notices:	
Full name of rate payers as the curre	ntly appear on rates notices:
Please circle which change this appli	es to:
Rates	s / Development Applications
Amendment to names as required ap	pearing on the rates notice (if applicable):
Full name of person who has comple	ted this request:
Contact telephone number	
Is this a private number?	Yes No
Date completed:	
Please supply any further information	that council should be aware of:
CONTACT DETAILS T (08) 8375 6600 F (08) 8375 6699 E council@marion.sa.gov.au PO Box 21 Park Holme SA 5043 245 Sturt Road Sturt SA 5047 marion.sa.gov.au	Signature:
	-