

NAME AND ADDRESS REGISTER CHANGE OF DETAILS

All changes to name or address records must be provided in writing

To ensure that Council records are up to date please complete the following form and forward it to Maribyrnong City Council.

Applicant Details:

Surname/Company Name: _____

Given Names: _____ Date of Birth: _____

Surname/Company Name: _____

Given Names: _____ Date of Birth: _____

Additional owners to be listed on reverse side

Date of Birth is used to compile voter's roll only

Previous Residential Address: _____

Residential Address: _____

Postal Address _____

(If different from Residential)

This is the address mail will be sent to _____

Please indicate which departments need to be notified of your changes Rates Other All

Please list other departments on the reverse

Property Details (For Rates changes only):

Rates Assessment Number: _____ Street Number: _____

Street Name: _____

Suburb: _____ Post Code: _____

Do you own more than one property with Council? Yes No

If yes, Please list all additional properties on reverse side

Other Information:

Telephone Number: (BH) _____ (AH) _____ Mobile _____

Email: _____

Date: _____ Signature: _____

Your change of details will not be updated on any outstanding infringements

****Marriage Certificate or other evidence will be required for a change of name**

Privacy Collection Statement:

Maribyrnong City Council is committed to protecting your privacy. The personal information collected on this form will only be used to assist in the management of rateable properties and the production of municipal voters rolls. Your personal information will not be disclosed to any external party without your consent, unless required or authorised by law. Individuals have a right to seek access to their personal information and make corrections.

Additional Properties:

Rates Assessment Number: _____ Street Number: _____

Street Name: _____

Suburb: _____ Post Code: _____

Rates Assessment Number: _____ Street Number: _____

Street Name: _____

Suburb: _____ Post Code: _____

Additional Owners:

Surname/Company Name: _____

Given Names: _____ Date of Birth: _____

Surname/Company Name: _____

Given Names: _____ Date of Birth: _____

Surname/Company Name: _____

Given Names: _____ Date of Birth: _____

Other Departments to be notified of change of details:

If you require further information please contact Customer Service on **9688 0200**

Please send completed form to:

Maribyrnong City Council

NAR_Admin@maribyrnong.vic.gov.au

Municipal Offices: Cnr Hyde & Napier Streets, Footscray

Postal Address: PO Box 58, Footscray Vic 3011

Telephone: 9688 0200 Facsimile: 9687 7793

www.maribyrnong.vic.gov.au