



NOTIFICATION OF CHANGE OF ADDRESS

Form No:	RT010
Version No:	2.0
Page No:	1 of 1
Last Updated:	19 th August, 2016
Form Ownership:	Rates Officer
Relevant Policy/Act:	n/a

Changes To

Assessment No(s)	A	A	A	A	A
Dogs (Tag No)					
Creditors	C	C	Debtors	D	D

Owner(s) Details

Name(s)

Current Postal Address

Telephone Number(s)

Email(s)

Person(s) Advising

Name (must be owner)

Signature

Date

New Postal Address

Billing Address
(only if required)

Signature
(all owners to sign)

Office Use Only					
Officer Name:	<input type="text"/>	Date:	<input type="text"/>	Signature:	<input type="text"/>

Pass form on to Records when received and all signatures accounted for.