

Change of Customer Name/Address



Applicant's Details

Your full name before the change:

Your **new** full name including Middle Name(s): _____

Address: _____

_____ Postcode: _____

Home phone : _____ Mobile: _____

Bus phone: _____ Email: _____

Postal address (if different from above): _____

_____ Postcode: _____

Reason for Name Change – Please tick one box only:

- Marriage (please attach a copy of your Marriage or Civil Union Certificate).
- Deed Poll (please attach a copy of your certificate).
- Name correction – my name is incorrect in Council's system, please update it. (Please provide ID eg drivers licence, passport).
- Return to Maiden Name (please attach ID eg drivers licence, passport etc and a signed declaration requesting the name change, witnessed by a JP).

This change will also effect my

- Rates
- Dog Registration
- Debtors/Creditors
- All Council Business
- Licensing (Liquor/Health)
- Water Billing
- Building

Declaration

I declare that the details I have provided here are true and correct. I have attached required evidence for the name change I have requested.

Signed: _____ Date: _____

Office Use Only	
Assessment No: _____	Date Received
Document No: _____	
Customer ID: _____	
<input type="checkbox"/> RT <input type="checkbox"/> DG <input type="checkbox"/> WB <input type="checkbox"/> LI <input type="checkbox"/> AR <input type="checkbox"/> AN <input type="checkbox"/> Other	
Signed by CSO : _____	