

## Change of Address/Name Form

Any changes will be applied to all Council services unless otherwise indicated

APPLICANT DETAILS		
Full Name:		D.O.B
Company:		
Telephone: (BH)	(AH)	Mobile:
Email:		
Other people affected by this change:		
Name:		DOB:
Name:		DOB:

*Please ensure a copy of License or Marriage Certificate is attached to support change of name.*

ADDRESS DETAILS	
<b>Previous Address:</b>	
Suburb:	Post Code:
<b>New Address:</b>	
Suburb:	Post Code:
Residential Address: (if different to postal)	
Suburb:	Post Code:

FURTHER INFORMATION

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PRIVACY STATEMENT

*Greater Shepparton City Council collects personal information for the purposes of carrying out its functions and facilitating the operations of various other Acts of Parliament, including the Fences Act 1968. We may disclose this information, where required, to our contractors, registered valuers, adjoining owners or where there is legislative requirement.*