

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 applicants to be listed on reverse side

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

Please list other departments on the reverse

Rates Other All

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?

If yes, Please list all additional properties on reverse side

Yes No

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:

The personal information requested on this form is being collected by Maribyrnong City Council for identification purposes and council related correspondence. The information will be used by Council for these primary purposes or directly related purposes. Council may not be able to provide a service as a consequence should this information not be provided. The information collected will not be disclosed unless required or authorised by law. Individuals have a right to request access to and/or amend their personal information.

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