

# Rates Change of Address Form

FRM Change of Address Form REV0

Owner 1 Details		
Full Name:		
Email Address:		
Phone Number: H:	M:	W:
Owner 2 Details		
Full Name:		
Email Address		
Phone Number: H:	M:	W:
New Residential Address:		
Street:		
Suburb:	State:	Post Code:
New Postal Address:		
Street:		
Suburb:	State:	Post Code:
List all the properties that require changing:		
Property Address 1:		
Property Address 2:		
I/We give permission for the Shire of Irwin to use this information to change the address/name details on all Shire managed systems. This form must be signed by the property owner. If the property is owned jointly, all property owners must sign. If signed by a power of attorney, a copy of the power of attorney must be provided.		
Owner 1 Signature:	Date:	
Owner 2 Signature:	Date:	
Receiving Shire of Irwin Correspondence		
I would like to receive my Rates Notice(s) via	Email	Mail

Office Use Only	
Assessment Number:	
Date Received:	Date Updated: