



# CHANGE OF DETAILS

To enable Council to keep appropriate, up to date records, please complete this form, sign the declaration and forward to Buloke Shire Council.

Office Use Only Records Department	File No: RV/08/01	Document No: <input style="width: 150px;" type="text"/>
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## CURRENT DETAILS (Please Print)

(Please list **ALL** Names that this Change of Details applies to)

Client No: \_\_\_\_\_ Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client No: \_\_\_\_\_ Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client No: \_\_\_\_\_ Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property No(s): \_\_\_\_\_

*(These can be found on your Rate Notice)*

## NEW DETAILS: (Please Print)

**Change of Address:** Change of address **MUST** be signed by all property owners

Old Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
(if different from above)

New Home Number: \_\_\_\_\_ New Mobile No. \_\_\_\_\_

New Email Address: \_\_\_\_\_

**Change of Name:**

*Please provide supporting evidence with this application form of change of name, such as a Marriage Certificate or Change of Name Certificate (copy only).*

Previous Name: \_\_\_\_\_

Current Name: \_\_\_\_\_

## APPLICANT DECLARATION

I/We give permission for the Buloke Shire Council to use this information to change the details on all Council managed systems.

This form must be signed by the property owner, animal owner or debtor. **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.

I declare that I am a resident and/or ratepayer, or an authorised representative for the business/company the subject of this application, and the information I have provided is true and correct.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

We respect your privacy. We will not sell or give away your personal information, unless required by law. Occasionally, we may use your details for our own research purposes or to let you know about other council information. If you want to see your personal data, modify your details, or if you receive information from us you do not want in the future, please contact: 1300 520 520.



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## LODGEMENT INFORMATION

Please lodge completed form by one of the following options:

	<b>Mail:</b> Buloke Shire Council Po Box 1, Wycheproof Vic 3527		<b>In Person:</b> Wycheproof - 367 Broadway, Wycheproof
	<b>Email:</b> buloke@buloke.vic.gov.au		

## Office Use Only

Receiving Officer  Date Received

RATES	DEBTORS	ANIMALS	HACC
Assessment No:	Debtor No:	Tag No(s):	Carelink Details
Completed By:	Completed By:	Completed By:	Completed By:
Date:	Date:	Date:	Date: