



# City of Port Lincoln

Template No 7-69-T4

**Address:** Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606  
**Postal Address:** PO Box 1787, Port Lincoln SA 5606  
**Email:** [plcc@plcc.sa.gov.au](mailto:plcc@plcc.sa.gov.au) **Web:** [www.portlincoln.sa.gov.au](http://www.portlincoln.sa.gov.au)  
**Telephone:** (08) 8621 2300 **Fax:** (08) 8621 2399

## CHANGE OF MAILING ADDRESS

### 1. THIS CHANGE APPLIES TO (PLEASE TICK APPLICABLE)

<input type="checkbox"/> RATES	PROPERTY ADDRESS:	
<input type="checkbox"/> DOG REGISTRATIONS	DOG NAME:	DOG TAG NO:
<input type="checkbox"/> OTHER	DEBTOR:	CREDITOR:

### 2. OWNERS INFORMATION

<u>Owner 1:</u> NAME or BUSINESS NAME:		DOB:
<u>Owner 2:</u> NAME or BUSINESS NAME:		DOB:
EMAIL:	PH:	
<input type="checkbox"/> I REQUEST THAT MY RATE NOTICES BE EMAILED (If you have requested to have your Rate Notice emailed – it will no longer be sent via Australia Post Mail)		

### 2. NEW OR ALTERED INFORMATION

NAMES or BUSINESS NAMES:	
PHONE NUMBERS:	
NEW MAILING ADDRESS:	
NEW RESIDENTIAL ADDRESS:	

### 4. THIS CHANGE ADVISED BY

(I am aware that it is the Rate Payers responsibility to update both postal, residential and email address, in writing, should it change)

FULL NAME:	
SIGNATURE:	DATE: