

## **City of Port Lincoln**

Address: Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606

Template No

7-69-T4

Postal Address: PO Box 1787, Port Lincoln SA 5606 Email: plcc@plcc.sa.gov.au Web:

mail: plcc@plcc.sa.gov.au Web: www.portlincoln.sa.gov.au

## **CHANGE OF DETAILS FORM**

$\mathfrak{L}$ rates	PROPERTY ADDRESS:			
£ DOG REGISTRATIONS	DOG/S NAME:	DOG TAG NO/S:	DOG TAG NO/S:	
£ other	DEBTOR:	CREDITOR:	CREDITOR:	
OWNERS INFORMATION	I			
Owner 1: NAME or BUSINESS NAME:			DOB:	
Owner 2: NAME or BUSINESS NAME:			DOB:	
NEW OR ALTERED INFO	RMATION			
NEW MAILING ADDRESS:				
NEW RESIDENTIAL ADDRESS:				
OWNER NAME or BUSINESS NAME:				
PHONE NUMBERS:				
EMAIL:				
•	ATE NOTICES BE EMAILED nave your Rate Notice emaile	d – it will no longer be sent	via Australia Post Mail)	
I. THIS CHANGE ADVISED I I am aware that it is the Rate Pay	BY vers responsibility to update both	postal, residential and email addr	ress, in writing, should it change)	
FULL NAME:				
SIGNATURE:			DATE:	