



2 Southern Drive, Busselton WA 6280
All Correspondence to:
The Chief Executive Officer
Locked Bag 1, Busselton WA 6280
Ph: (08) 9781 0444 – Fax: (08) 9752 4958
Email: city@busselton.wa.gov.au Web: www.busselton.wa.gov.au

CHANGE OF NAME AND ADDRESS FORM

CURRENT DETAILS: (PLEASE PRINT) FOR MULTIPLE PERSONS PLEASE COMPLETE ONE SECTION EACH

Full Name 1: _____ D.O.B: _____
Phone Nos: AH: _____ MB: _____ BH: _____
Email Address: _____
Full Name 2: _____ D.O.B: _____
Phone Nos: AH: _____ MB: _____ BH: _____
Email Address: _____

OLD ADDRESS DETAILS: (PLEASE PRINT)

Residential Address: _____

Postcode: _____
Postal Address: _____

Postcode: _____

NEW ADDRESS DETAILS: (PLEASE PRINT) PLEASE WRITE 'AS ABOVE' IF ANY OF THE DETAILS ARE THE SAME

PLEASE TICK OWNER OCCUPIER

Residential Address: _____

Postcode: _____
Postal Address: _____

Postcode: _____

CHANGE OF NAME: (PLEASE PRINT) PLEASE PROVIDE DOCUMENTARY EVIDENCE OF NAME CHANGE

Old Name: _____ New Name: _____

REFERENCE DETAILS: (PLEASE PRINT) PLEASE PROVIDE REFERENCE NUMBERS WHERE POSSIBLE IN EACH AREA BELOW

Rates (property ID(s) – see rates notice): _____
Debtor/Creditor Accts (acct number(s) – see invoice): _____
Dog registration no(s)/name(s): _____
Cat registration no(s)/name(s): _____
Please indicate if a replacement registration tag is required Animal name: _____

I/We give permission for the City of Busselton to use this information to change the address/name details on all City managed systems. This form must be signed by the property owner, animal owner, creditor, debtor or applicant. If the property is owned jointly, property owner must sign. If signed by a power of attorney, a copy of the power of attorney must be provided. If executed by a company, the form must be executed in accordance with the Company's constitution and the Corporations Act 2001 (C'wealth).

SIGNATURE 1: _____ DATE: / / SIGNATURE 2: _____ DATE: / /