



CHANGE OF ADDRESS

NOTIFICATION

Please complete this form and return to the council office:

29 Holland St (PO Box 321) Kingston SE SA 5275 EMAIL: info@kingstondc.sa.gov.au

Name of Applicant:

Phone:

Email:.....

I agree to my email and phone number being added to Council's database. ☐ Yes ☐ No

Previous Address:.....

New Address:

Property Address or Assessment No. (if multiple properties, please list):

.....

.....

.....

Please tick appropriate boxes

- ☐ Please change my address on all correspondence
- ☐ Please change address for the following only (e.g. Rates only)

- ☐ Other (Please Specify) _____

Signature: Date:

OFFICE USE ONLY

Date Changed

___ / ___ / ___

☐ Rates

☐ Voters Roll

☐ Creditors

☐ Debtors