## **CHANGE OF ADDRESS**



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 being add	ded to	Council's email database?   Yes   No			
Previous Address:					
New Address:					
		o. (if multiple properties, please list):			
Please tick appropriate boxes					
Trease tien appropriate boxes		Please change my address on all correspondence	2		
		Please change address for the following only (eg. Rates only)			
		Other (Please Specify)			
			Office Use Only  Date Changed		
Signature:		Date:	□ Rates □ Voters Roll □ Creditors □ Debtors		