

YOUR CURRENT DETAILS			
Surname/Company:		Given Name:	
Residential Address:			
Postal Address (if different to above):			
Telephone:		Mobile:	
Email Address:			

YOUR NEW DETAILS			
Surname/Company:		Given Name:	
Residential Address:			
Postal Address (if different to above):			
Telephone:		Mobile:	
Email Address:			
<i>Note: Change of name may require supporting documentation e.g. Certificate of Title</i>			

RATED PROPERTY OWNERSHIP (if applicable)	
Property 1:	
Property 2:	

ANIMAL REGISTRATION (if applicable)			
	Animal 1	Animal 2	Animal 3
Animal Name:			
Tag Number:			
Replacement Tag Required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: Replacement tags will incur a \$5 fee per tag</i>			

CREDITOR / DEBTOR INFORMATION (if applicable)	
Creditor / Debtor Number:	

*I/We give permission for the Shire of Capel to use this information to change the address/name details on all Shire managed systems. This form must be signed by all affected. If the property is jointly owned, all property owners 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 (Commonwealth)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_