Change of Name or Address Request

Assessment Number: _____

Property Address: _____

Existing information		
Surname/Company name:		
Given names:		
Contact phone:		
Email:		
Residential address:		
Postal/mailing address		

New or Altered Information		
Surname/Company name:		
Given names:		
Contact phone:		
Email:		
Residential address:		
Postal/mailing address		

Attach documentation for change of name i.e. Marriage Certificate or Change of Name Certificate.

Is this new address the preferred mailing address for all correspondence? Yes ☐ No ☐

Please indicate which Council records you require to be updated: Rates ☐ Animal registration ☐

Comments: _____

_____

Signature: _____ **Date:** _____

The City of Rockingham is collecting your personal information to process your change of name or address request. It may also be used for secondary purposes which would be reasonably expected. We may share this information with authorised third parties to administer your rates.

If you choose not to provide your personal information, the City may be unable to process your change of name or address form. To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

Office use only					
Assessment:		Officer:		Date:	