



ALTERATION OF PERSONAL DETAILS REQUEST FORM

Please answer all questions relevant to you using block letters and ticking where appropriate

1. PERSONAL DETAILS

MR/MRS/MISS/MS

SURNAME: GIVEN NAMES:

SURNAME: GIVEN NAMES:

COMPANY NAME:

2. ADDRESS/POSTAL DETAILS

New Residential Address:

New Postal Address:

(If different to Residential Address)

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.....
.....

3. OTHER DETAILS

PHONE: (H) (M)

FAX: EMAIL:

*Please note that your email address will be used for the electronic delivery of rates and all other Council correspondence

CERTIFICATION

SIGNATURE DATE

Office use only:

(To be completed by employee taking the request)

Alteration taken by:

Date:

Alteration received by: Phone: Counter: Email: