



CHANGE OF ADDRESS

PROPERTY DETAILS

Assessment _____

Street Address _____

Suburb _____

P/Code _____

OWNER'S DETAILS

Owner 1

Company/Surname _____ Given Name _____

Email Address _____

Contact Number(s) _____

Owner 2

Company/Surname _____ Given Name _____

Email Address _____

Contact Number(s) _____

PREVIOUS ADDRESS

Street Address _____

Suburb _____

P/Code _____

NEW ADDRESS

Residential Address _____

Suburb _____

P/Code _____

Postal Address _____

Suburb _____

P/Code _____

Signature _____

Date _____

RETURNING THIS FORM

Completed form to be sent via post, fax or email to

Post Shire of Dandaragan
PO Box 676
JURIEN BAY WA 6516

Fax 08 9652 1310

Email council@dandaragan.wa.gov.au