



CHANGE OF NAME NOTIFICATION (Not for Sale Purposes)

PROPERTY:	Flat No House No	
	Suburb	
	. COUNCIL CORRESPONDENCE RATES ONLY Box Must Be Ticked	
PROP	ERTY NO(S)	
FORMER NAI	ME:	
Name((s):	
AMENDED N	AME:	
Name((s):	
Please	e list attachments for proof of name change	
(eg. M	larriage Certificate, Birth Certificate etc)	
OWNERS POS	STAL ADDRESS	
OWNERS PHO	ONE/MOBILE	
OWNERS EMA	AIL	
OWNERS SIG	NATURE	DATE

Postal Address City of Yarra PO Box 168 Richmond 3121 Telephone (03) 9205 5555 Facsimile (03) 8417 6666

The personal information requested on this form is being collected by Council for the purpose of sending a notice under Section 158 (3) of the Local Government Act 1989.. The personal information will be used by Council for this primary purpose or other directly related purposes. The Council may disclose this information in accordance with its "Provision of Information from the Property Database" policy. You may access this information by contacting the Revenue Management Unit at Collingwood Town Hall, 140 Hoddle Street Abbotsford. (Telephone:9205 5406 or 9205 5407).