KING ISLAND COUNCIL

CHANGE OF ADDRESS FORM

Note: Any personal information submitted to the King Island Council will be dealt with according to the Freedom of Information Act (1991), the Local Government Act (1993), the Privacy and Personal Information Protection Act (1998), the Personal Information Protection Act 2004, and the Council's Privacy Policy.

CHANGE OF MAILING ADDRESS

This applies to: All Council Correspondence ☐ OR Rates ☐ Accounts ☐ Animals ☐	
Property Reference Number(s):	
Property Address:	
Property Address:	
Property Address:	
Property Address:	
Property Address:	

EXISTNG INFORMATION

Surname/Business Name:	First and Middle Name:
Telephone Number:	Mobile:
Email Address:	
Previous Mailing Address:	

NEW OR ALTERED INFORMATION (Leave fields blank if information is the same as above)

Surname/Business Name:	First and Middle Name:
Telephone Number:	Mobile:
Email Address:	
New Mailing Address:	
Does this new mailing address apply to any of the following persons? (please specify)	Spouse/partner ☐ Siblings ☐ Other owners ☐ Ratepayers of the properties listed above ☐

KING ISLAND COUNCIL

IMPORTANT INFORMATION

Please Note: Rates Accounts, in accordance with the law, are issued in the name of the property owner(s). If you direct Council to send a Rates Account to a third party (including tenants or managing agents), please be aware that you (the property owner) will always remain legally liable for the payment of these accounts (regardless of any lease agreements or other agreements you may have on this property).

Council has a legal relationship only with property owners in regards to Rates Accounts, and therefore in most circumstances, will be unable to discuss account details (including the granting of payment extensions) with tenants or lessees.

Property owners are also liable for any penalty charges associated with overdue accounts including penalties and interest charges.

☐ OWNER'S AUTHORISATION
I am the property owner / director of the company / owner's representative of the property(s) detailed on the front of this form and authorize this change of address. I also acknowledge and understand the 'Important Information' detailed above in regards to payment liability.

☐ DECLARATION
By checking this box, I declare that the information I have provided on this form is true and correct to the best of my knowledge.

AUTHORITY TO CHANGE INFORMATION
I have provided this change of information under authority of:
☐ Self ☐ Power Attorney* ☐ Executor* ☐ Other (please specify)
*A copy of proper documentation will be required

Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors, agents, and public-sector bodies where necessary.

Name(s):
Name(s):
Signature(s):
Signature(s):
Date:

OFFICE USE ONLY

Does a Pensioner Rebate need any adjusting? (If yes, a new pension rebate application must be completed)	☐ YES ☐ NO
Processed by:	Date: