



REQUEST FOR ALTERATION OF NAME & ADDRESS REGISTER

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

1. PERSONAL DETAILS MR/MRS/MISS/MS/CO/OTHER

SURNAME: GIVEN NAMES:

SURNAME: GIVEN NAMES:

COMPANY NAME:

2. ADDRESS/POSTAL DETAILS

New Residential Address: New Postal Address:

(if different to Residential Address)

.....

.....

.....

3. Please indicate with a tick which of the following you would like your address changed for:

Rates	<input type="checkbox"/>	Rate Assessment	Property Address:
Water	<input type="checkbox"/>	No/s:
Debtors	<input type="checkbox"/>
Creditors	<input type="checkbox"/>
Animals	<input type="checkbox"/>
General Correspondence	<input type="checkbox"/>	OR	
All of the above	<input type="checkbox"/>	Animal Microchip No:

4. OTHER DETAILS

Phone: (h) (m) (w)

Fax: Email:

CERTIFICATION

.....

Signature Date

Office use only:
(to be completed by employee taking the request)

Alteration taken by:

Date:

Alteration received by: Phone: Counter:

Letter:

NAR Number/s:

C/A No:

Date Processed