



NOTIFICATION OF CHANGE OF ADDRESS

SECTION 1 – CHANGE OF POSTAL ADDRESS

Assessment Number(s)	
Rate Payer Name(s)	
Property Address(es)	
Current Postal Address	
New Postal Address	

SECTION 2 – DECLARATION

Rate Payer Name	
Phone Number	
Email Address	
Signature	
Date	

COMPLETED FORM INFORMATION

Please submit your completed form to:

*District Council of Loxton Waikerie
PO Box 409
LOXTON SA 5333*

Or Alternatively electronic copy can be sent to:

Email: council@lwdc.sa.gov.au