



NOTIFICATION FORM CHANGE OF ADDRESS

FORM 20

Date stamp

Part 1 Details to be updated

Rates; please complete Part 3 Dog (please complete Part 2) Cat Other

Other; details required;

Part 2 Dog Details

Address where dog is normally kept

Number of dog's located at these premises Will the dog/s be effectively confined in or at the premises? Yes No

Dog's Name

Breed/Colour

Sex Male Female Dog Microchip Number

Age Dog Registration Number

Part 3 Property details (RATES ONLY)

Lot No	Street No	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	Post Code	
<input type="text"/>	<input type="text"/>	

Part 4 Previous postal address details

Previous address

Part 5 New address details

Residential address

Postal address (if different from residential address)

Daytime contact phone number Mobile phone

Email Address

Part 6 Declaration

I, the undersigned declare that the information I have provided is true and correct.
I am aware that it is an offence to provide false and misleading information.

Full Name

Signature of Applicant Date

Part 7 Return form to

Shire of Dardanup
1 Council Drive/PO Box 7016
EATON WA 6232

Phone: (08) 9724 0300 Email: records@dardanup.wa.gov.au

Part 8 OFFICE USE ONLY

Assessment No

Dog/Cat Registration No

Yes

No

Details updated?

Officer Name

Date