

CHANGE OF ADDRESS APPLICATION

<u>, </u>			
Assessment Number	Property Address		Owner/s Name
NEW ADDRESS DETAILS:			
New Residential Address:		New Postal Addr	ess (if not the same as residential)
	_		
Postcode:	_	Postcode:	
THIS CHANGE APPLIES TO:			
Rates & Water only: YES/NO	Rates only: YES/NO	Water only:	YES/NO
CONTACT DETAILS		DI N. (141)	
Phone No:(h)			
Phone No:(mobile)		Fax:	
Email:			
CHANGE OF ADDRESS NOTIL	FIED BY		
Full name (print):			
Signature:		Date:	_
Owner OR			
Other please specify:			
PRIVACY AND PERSONAL INFORMATION ACT Personal information provided to Council is subject to this Act (PIPP Act 1998). Such personal information will only be used for Council's reporting, business needs and related procedures			
Office Use Only:			
Maintenance Completed: ——		Date: ———	File No. 91.337