



Change of Address Form

Please Print Clearly

Valid from 12 May 2016

| | |
|------------------------|--------------------------------------------------------------------------------------|
| About this form | Please use this form when changing the postal address of your rated property. |
| Any Questions | Phone Customer Service (03) 5898 3000 or call in personally |

Rated Property Details

| | | |
|-------------------------------------|----------------------------------------------------------------------------------------------------------|---------------|
| 1. Address of Rated Property | Unit Number: | House Number: |
| | Street: | |
| 2. Rates Assessment Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

New Postal Address

| | | |
|-----------------------------------------------|---------------------------------------------------------------------|---------------|
| 3. New postal address for rate notices | Unit Number: | House Number: |
| | Street: | |
| | Town: | Postcode: |
| | Country : <i>(If applicable)</i> | |
| | Or Agent <i>(If applicable)</i> : | |
| | PO Box: | |
| | Town: | Postcode: |
| | Country : <i>(If applicable)</i> | |

| | | |
|------------------------------------------------|---------------------------------------------------------------------|---------------|
| 4. New postal address for water notices | Unit Number: | House Number: |
| | Street: | |
| | Town: | Postcode: |
| | Country : <i>(If applicable)</i> | |
| | Or Agent <i>(If applicable)</i> : | |
| | PO Box: | |
| | Town: | Postcode: |
| | Country : <i>(If applicable)</i> | |

| | | | | | | |
|--------------------------------------------|-------------------------------------------------|--|--|---------|--|--|
| 5. Owner's name and contact details | Title: Mr Mrs Miss Ms Other: | | | | | |
| | Family Name: | | | | | |
| | Given Names: | | | | | |
| | Company Name: | | | | | |
| | Contact Person <i>(Only if a company etc)</i> : | | | | | |
| | Phone (H): | | | Mobile: | | |
| | Phone (B): | | | Fax: | | |

Signature

| | | |
|---------------------------|------------|-------|
| 6. Owner's Consent | Signature: | Date: |
|---------------------------|------------|-------|

Change of Address Form

(Additional Information)

How to lodge this form

| | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Address the form to: | The General Manager Edward River Council PO Box 270 DENILIQUN NSW 2710 | |
| Making a personal visit? | Edward River Council Customer Service Centre is located at: 180 Cressy St DENILIQUN <i>We look forward to seeing you</i> | |
| You can send it to us by any of the following methods | Post: | PO Box 270 DENILIQUN 2710 |
| | DX: | DX DENILIQUN |
| How to contact us by phone, fax or electronically | Phone: | (03) 5898 3000 |
| | Fax: | (03) 5898 3029 |
| | Email: | council@edwardriver.nsw.gov.au |
| | Web: | www.edwardriver.nsw.gov.au |

Privacy Notification

The personal details requested on this form are being collected, and will only be used for, the purpose of keeping records. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register