

Change Of Postal Address

Name: Date Of Birth:

Property Number:

Property Address:

New Postal Address:

Suburb: P/Code:
(If Different To Postal Address)

New Residential Address:

Suburb: P/Code:

Contact Number:

Email Address:

Signed: Date:

Council Sections To Be Notified (Where You Would Be Expecting Correspondence)

- | | |
|--|--|
| <input type="checkbox"/> Rates | <input type="checkbox"/> Health |
| <input type="checkbox"/> Accounts Payable/Receivable | <input type="checkbox"/> Building/Planning |
| <input type="checkbox"/> Dog Registration | <input type="checkbox"/> Other |
| | (Please Specify) |