

## CHANGE OF POSTAL ADDRESS

First Name	<input type="text"/>	Last Name	<input type="text"/>
Property Number	<input type="text"/>		
Property Address	<input type="text"/>		
New Postal Address	<input type="text"/>		
Email Address	<input type="text"/>		
Telephone Number	<input type="text"/>		

### Please update my details for the following areas of Council

- Rates
- Accounts Receivable or payable
- Dog Registration
- Health
- Building or Planning
- Other

### Declaration

- I declare that the information I have provided is true and correct.
- I am requesting that the forward Spring Bay Council forward all future mail to the new postal address above.

Signature  Date