



Office Use:

Document ID:

Change of Postal Address

**Required Fields*

Account/Property Owner Details

*Organisation: _____
(If applicable)

*Name/s on the account: _____

*Contact Number: _____ *Email: _____

*Residential Address: _____

Request

*Property Address: _____

*Current Postal Address: _____

*New Postal Address: _____

Is this the new address for all Council Correspondence? Yes No

If YES then all property links will be altered

If NO, then please select below what need to be altered:

Rates - Account Number: _____

Water - Account Number: _____

Electricity - Account Number: _____

*Required date of change: _____

Acknowledgement

I declare that the above information is true and correct and that I am the property/account owner or acting on behalf of the property/account owner.

**Full name of person completing this application*

**Signature of person completing this application*

Date: _____/_____/_____