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ABN: 68 284 130 046

Office Use:

Document ID:

Change of Postal Address

**Required Fields*

Account/ Property Owner Details

- * Name/Organisation _____
- * Contact Number _____
- * Email _____

Request

- * Property Address _____
- * Current Postal Address _____
- * New Postal Address _____

Is this the new address for all Council correspondence ☐ Yes ☐ No

If **YES**, all property links will be altered

If **NO**, please select accounts to be altered ☐ Rates ☐ Water ☐ Electricity

* Required date of change ____ / ____ / ____

Request for eBilling

Would you like to set up your account for eBilling ☐ Yes ☐ No

If YES, please tick which accounts you would like to set up for eBilling

☐ Rates ☐ Water ☐ Electricity

* Email (if different from above) _____

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 ____ / ____ / ____