



(IM-FO-201) Change of Address

Please return completed form in person or by post, fax or email.
Contact details appear at the bottom of this form.
Failure to complete all relevant sections may cause delays in processing.

Customer Details

Surname: (or company name)	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Given names:	NAR No Office Use Only
Person 1	
Person 2	
Current Residential Address: (or company office)	
Telephone numbers:	Home: <input type="text"/> Mobile: <input type="text"/>
	Work: <input type="text"/> Fax: <input type="text"/>
Email address:	<input type="text"/>

New Postal Address

Postal address: (ie: mailing address)	<input type="text"/>
	<input type="text"/>

Council Accounts / Records

Please list all of your Council rate accounts, licences, permits, debtor accounts and any active development applications. Note: the NSW Companion Animals Register has a separate change of address form.

RATE ACCOUNTS

Assessment No.	All owners agree	Property address:	Use new postal address	Email notice
<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="checkbox"/> Yes	Yes
<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="checkbox"/> Yes	Yes
<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="checkbox"/> Yes	Yes

DEBTOR & CREDITOR ACCOUNTS

Account No.	Description of Account	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes

APPLICATIONS CURRENTLY ACTIVE (eg development applications)

Application No.	Application No.	Application No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes

Authorisation Please select one of the following options:

- ☐ Please use new postal address for all Council correspondence
☐ Please use new postal address only for the accounts indicated above

****If signing on the property owners behalf as the owner's legal representative, you must state the nature of your legal authority and attach documentary evidence (ie: power of attorney, executor, trustee, company director).****

Full name: (print)	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>	Capacity	<input type="text"/>

Office Use:

Received By:	<input type="text"/>	Date:	<input type="text"/>
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