

## Change of Address Request

Date: \_\_\_\_\_

Property Number: \_\_\_\_\_

\_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Name and Current Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

New Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Other Details:

\_\_\_\_\_

Contact Phone No: \_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

*"Personal and or Health Information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The Personal and or Health Information will be used solely by Council for these purposes and or directly related purposes. Council may disclose this information to other organisations if required by legislation. The applicant understands that the Personal and or Health Information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Privacy Officer".*

Office Use: details taken/received by: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_