



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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_