

Change of Address form



About this form

You may use this form to change your address with Council.

Part 1: Applicant Details

Title *	Given Name/s *	Family Name *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Address*			
<input type="text"/>			
<input type="checkbox"/> Rates Assessment No	<input type="text"/>	<input type="checkbox"/> Accounts Receivable No	<input type="text"/>
<input type="checkbox"/> Water Account No	<input type="text"/>	<input type="checkbox"/> Accounts Payable No	<input type="text"/>
New Address*			
<input type="text"/>			
Postal Address	<input type="checkbox"/> As above or		
<input type="text"/>			
Signature	<input type="text"/>	Date	<input type="text"/>

Office Use Only

Receiving Officer	Date request processed
<input type="text"/>	<input type="text"/>

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