



**LACHLAN SHIRE  
COUNCIL**  
Wiradjuri Country

**LACHLAN SHIRE COUNCIL**

# CHANGE OF ADDRESS FORM

*Please sign and return to:*

**Email:** [council@lachlan.nsw.gov.au](mailto:council@lachlan.nsw.gov.au)  
**Mail:** PO Box 216, CONDOBOLIN NSW 2877

**Phone:** (02) 6895 1900  
**Fax:** (02) 6895 3478

**Owner name:** .....

**Property Assessment number:** .....

**Property address:** .....

.....

.....

**NEW mailing address:** .....

.....

.....

**\*\*\*NOTE:** If the above change of address applies to a "care of" (C\-) situation, I acknowledge that in accordance with Section 560 of the **Local Government Act 1993**, that as the owner of this property, I am still liable to pay the rates and charges levied on this property.

Yes, I have read, understand and agree to the above  (please tick box)

**Contact phone number(s):** .....

**Contact email address:** .....

**Contact fax number:** .....

**Please tick the boxes for which types of Lachlan Shire correspondence this new address is to be used for:**

All correspondence  Rates & Water  Accounts payable  Debtors

**Please print name:** .....

**Date:** .....

**Signature:** .....