



CHANGE OF ADDRESS

OWNER 1 DETAILS

Surname _____ First Name _____
 Unit/House No _____ Street Name: _____
 Town _____ State _____ Post Code _____
 Phone Home _____ Phone Mobile _____
 Email Address _____

OWNER 2 DETAILS

Surname _____ First Name _____
 Unit/House No _____ Street Name: _____
 Town _____ State _____ Post Code _____
 Phone Home _____ Phone Mobile _____
 Email Address _____

COMPANY DETAILS

Company Name _____
 Unit/House No _____ Street Name: _____
 Town _____ State _____ Post Code _____
 Phone Home _____ Phone Mobile _____
 Email Address _____

POSTAL ADDRESS

House/PO Box No _____ Street Name: _____
 Town _____ State _____ Post Code _____

Please list ALL properties to be changed

PROPERTY DETAILS

Assessment No _____ Property Address _____
 Assessment No _____ Property Address _____
 Assessment No _____ Property Address _____
 Assessment No _____ Property Address _____

CHANGES APPLICABLE

THIS CHANGE OF DETAILS APPLY TO ALL CORRESPONDANCE FROM COUNCIL
 If **NOT**, please nominate from below

<input type="checkbox"/> Rates	<input type="checkbox"/> Planning/Development	<input type="checkbox"/> Accounts Payable
<input type="checkbox"/> Water Billing	<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Debtors

DECLARATION

I DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.
 By completing this declaration I confirm that all owners of the affected properties are aware of and agree to the changes indicated.
 The personal information provided is collected, stored and accessed according to Council Privacy Policy. Council's Privacy Statement can be viewed on Council's website www.federationcouncil.nsw.gov.au
 Failure to complete this form may result in delay or inability to proceed in the processing of this application.

Signature 1 _____ Signature 2 _____
 Date _____

OFFICE USE ONLY

NAR No _____ Updated By _____ Date _____
 NAR No _____ Updated By _____ Date _____

