

 <b>FORM</b>	<h1>CHANGE OF ADDRESS</h1>	Form #	3.1059 / 7
		Reviewed:	12 December 23

## Contact Details

First Name		Surname	
Business / Other names			
DOB		Mobile	
Business Phone		Home Phone	

## Address Details

<u>New</u> Residential Address		<u>New</u> Postal Address	
			Same as Residential
Email			

## Email Correspondence

Council's preferred correspondence method is email.

Please selected what correspondence you would like emailed to you

<input type="checkbox"/>	Rates
<input type="checkbox"/>	General Correspondence
<input type="checkbox"/>	Accounts (Water Billing, Accounts Payable, Accounts Receivable)

Signed		Date	
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OFFICE USE ONLY			
Date Received:	In Person	Phone	Other:
Assessment #:			
Registration #:	File #: EF20/112	Referred to:	