



CHANGE OF MAILING ADDRESS

Reference/Account No.	<input type="text"/>
Property Location/Other	<input type="text"/>
Last Name/Company Name*	<input type="text"/>
Given Name/s*	<input type="text"/>
Title: Mr/Mrs/Ms/Miss/Other	<input type="text"/>

Old Contact Details

Mailing Address*	<input type="text"/>
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New Contact Details

Mailing Address*	<input type="text"/>
Postcode*	<input type="text"/>
Phone – Home	<input type="text"/>
Mobile No.	<input type="text"/>
Phone - Work	<input type="text"/>
Fax	<input type="text"/>
Email Address	<input type="text"/>
Date of Birth <i>(if applicable)</i>	<input type="text"/>
Other	<input type="text"/>

What council business is affected by this change*

- All
- Rates
- Invoices
- Childcare
- Development/Building
- Health
- Other

If other – please enter business type affected

*** Information must be entered**

Signature _____ Date _____