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| --- |
| **WHO DOES THE CHANGE RELATE TO** |

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name |  | Date of Birth |  |
| Client Name |  | Date of Birth |  |

|  |
| --- |
| **RESIDENCE CHANGE OF ADDRESS DETAILS** |

|  |  |  |  |
| --- | --- | --- | --- |
| Old Details |  | | |
|  |  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| New Details |  | | |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Email Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone Numbers |  |  |  |
|  | Mobile | Business Hours | After Hours |

|  |
| --- |
| **MAILING CHANGE OF ADDRESS (If different from Residence)** |

|  |  |  |  |
| --- | --- | --- | --- |
| New Details |  | | |
|  |  | Postcode |  |

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| **APPROVAL FOR COUNCIL TO MAKE REQUESTED CHANGES** |

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| --- | --- |
| **Ownership Changes** | This form does not change ownership details of a property. All ownership changes require a Notice of Disposition/Acquisition or a photocopy of the title showing amended ownership. |
| **Notification of change** | It is a Council requirement that property owners advise Council in writing when they change their mailing address. Records cannot be updated via telephone advice. Please complete this form and return it to Council. |
| **Privacy Statement** | The information you provide will be held securely and your privacy respected. Your details may be provided to another organisation, if the Privacy and Data Protection Act 2014 is inconsistent with other legislation. |
| **Properties under Company Name** | If changes are to be made to properties registered under a Company Name, if an ASIC Company Search has not previously been supplied one must be supplied listing relevant directors of the company. A listed director must also sign this form requesting the change of details. |

**If a person signing the Notice of Change of address on behalf of another person, the person signing acknowledges that providing false or misleading information to Council is a fraudulent offence.**

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Signature |  | Date | / / |
| Client’s Name |  | | |