

Office:
Date:/...../.....
Time:
Name:

NOTIFICATION OF CHANGE OF ADDRESS

It is the owner's responsibility to notify Council of any change of postal address in writing. Failure to comply with this requirement may result in notices being posted to an old address.

Company Name	
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OR

Surname (Ratepayer 1)	Given Name/s	D.O.B
		/ /
Surname (Ratepayer 2)	Given Name/s	D.O.B.
		/ /

Is the change of address to apply to every owner listed on the rate assessment?

Yes No (If no, detail of excluded owner's name) _____

NEW POSTAL ADDRESS			
NEW RESIDENTIAL ADDRESS			
PREVIOUS ADDRESS			
	Ratepayer 1	Ratepayer 2	
	Home Phone	Home Phone	
	Work Phone	Work Phone	
	Mobile No.	Mobile No.	
	Email	Email	
	Fax No.	Fax No.	

Please utilize the above section for Company contact details if applicable.

Please note the change of address below for service of notices with regard to the following properties:

Assessment No.	Lot No.	Plan No.	Property Address

Please Apply My Change Of Address To:

- Rates
 Health Services
 Library
 Dog / Cat Registration (*Animal Name/s:* _____)

Name (Company Position if applicable)
Please print

Signature
Electronic Signatures will **NOT** be accepted

Date

Name (Company Position if applicable)
Please print

Signature
Electronic Signatures will **NOT** be accepted

Date

The Gladstone Regional Council is collecting your personal information to allow Council to update its records. The information will be only accessed by authorised council employees. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.