

CHANGE OF ADDRESS FORM

1. Applicant Details				
	First Name (No Initials)	Middle Name (No Initials)	Surname	Date of Birth
1.				
2.				
Company/Trading Name or Trust Name				
Name/s of Authorised Signatory				
ABN		ACN		

2. Contact Details		
Postal Address		
Suburb	State	Postcode
Business Phone	A/H Phone	Mobile
Email Address	Fax	

THIS FORM CHANGES ALL COUNCIL CORRESPONDENCE, IF YOU DO NOT WANT ALL OF YOUR CORRESPONDENCE MODIFIED TO THE ABOVE DETAILS, PLEASE COMPLETE BELOW AND INDICATE THE RELEVANT AREA YOU WANT CHANGED

3. Records to be updated (please tick)		
All Records	<input type="checkbox"/>	
Rates/Water	<input type="checkbox"/>	
Animal Registration	<input type="checkbox"/>	(Kept at Address/Animal #)
Licences	<input type="checkbox"/>	
Accounts	<input type="checkbox"/>	

4. Property Details	
Property Assessment Number	Property Address

5. Declaration of applicant	
I/We, the applicant, declare that the above information is correct in all respects, at the time of lodgement of this application with the Whitsunday Regional Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise the Whitsunday Regional Council in writing prior to any such change being implemented. Note: New name will not be recorded unless documents showing amendment and signature are supplied.	
Signature # 1	Date
Signature # 2	Date

Privacy

Council will use any personal information provided for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and other Local Government Acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with the Information Privacy Act 2009.