

Notification of Change of Address

YOUR CURRENT IDENTIFICATION DETAILS

Title: Mr/Mrs/Ms/Miss/Other _____ Given Names: _____

Surname/Company: _____

Date of Birth: _____ / _____ / _____ Phone-Home: _____

Phone-Work: _____ Mobile No: _____

Fax _____ E-mail: _____

*List all properties affected by the change:

Property ID:	Property Address:	Full Owner's Name (s)

PREVIOUS ADDRESS INFORMATION

Previous Mailing Address

NEW ADDRESS INFORMATION

New Mailing Address

FURTHER INFORMATION (Optional)

To assist Council with identifying information, please complete the following details for any other owners of the property. This information is gathered by Council for security purposes.

Surname:- _____ Given Names:- _____

Date of Birth: _____ / _____ / _____

Surname:- _____ Given Names:- _____

Date of Birth: _____ / _____ / _____

Surname:- _____ Given Names:- _____

Date of Birth: _____ / _____ / _____

Signature: _____ **Date:** _____

<i>Your Privacy</i>

When processing your application we collect personal information about you for the primary purpose of providing you with a high level of customer service. For more information please see our Privacy Management Plan on our website www.shellharbour.nsw.gov.au or contact us on 02 4221 6111.