

Change of Address

About this form:				
Please use this form when changing postal address of your rated property.				
Rated Proper	ty Details			
Unit / House				
Number:				
Full Address:				
Full Address:				
Rates Assess	ment Number (Refer to your rates	s notice)		
		·		
New Postal A	ddroes			
New Postal A	duiess			
Unit / House				
Number:				
Full Address:				
Full Address:				
Owner's name	e and contact details			
Title:				
Full name:				
Company				
name:			ABN / ACN:	
(if applicable)				
Address:				
Contact:				
(if company)				
		_		
Phone:		Email:		
0:			_	-1-
Signature:			Da	ate:

Privacy and conditions of use

For more information about Privacy & Personal Information Policy: www.woollahra.nsw.gov.au/privacy.

Lodgement details

Mail to: Woollahra Municipal Council In person: Council Chambers

PO Box 61 Double Bay 1360 536 New South Head Road Double Bay NSW 2028

Email: records@woollahra.nsw.gov.au Telephone: (02) 9391 7000