



CHANGE OF ADDRESSES/NAMES

IMPORTANT INFORMATION

Prior to submitting this form, please read the information provided to help you understand the application process.

The form MUST be signed by all parties affected by the change of address. Failure to provide all signatures will result in a delay of the form being processed.

If you need help in filling out this form, please contact Council on 1300 463 954.

Privacy Notification:

Some of the information you provide on this form is your personal information, including for example your name, contact information and signature. This information is being collected by Council for the purpose of changing the contact information held by Council for a property you own. The information will be accessible by Council staff. It is voluntary for you to provide your personal information on this form, however if you do not provide the information, Council will not process this request. You may apply to access or amend the personal information provided on this form at any time.

If you are requesting to have your mail sent to an Agency and want that Agency to act on your behalf please provide a separate authorisation in writing.

YOUR DETAILS (Please Print Details)

Name:

PROPERTY OWNER/S INFORMATION: (Please Print Details)

Owners Full Name/s or Company Name(s):

PROPERTY DETAILS:

List all Property/Properties affected by this change of mailing address

CHANGE OF ADDRESS DETAILS:

Previous Mailing Address:

New Mailing Address:

Telephone:

Email:

Records to be Updated - Please Tick Box ALL ASSESSMENT/ACCOUNT NUMBERS TO BE PROVIDED

<input type="checkbox"/>	All	
<input type="checkbox"/>	Rates	Assessment No/s:
<input type="checkbox"/>	Water	Assessment No/s:
<input type="checkbox"/>	Debtor	Debtor No/s:
<input type="checkbox"/>	Other	Please Specify:

Signature(s):

ALL PROPERTY OWNERS, AND FOR DECEASED ESTATES, ALL EXECUTORS MUST SIGN THIS FORM

Owner/Executor

Date

Owner/Executor:

Date:

CHANGE OF NAME REQUEST (Please print details):

Existing Information

Surname or Company Name _____

Given Name/s _____

Property Details _____

Rate Assessment Number _____

Water Assessment Number _____

New Name Information

Surname or Company Name _____

Given Name/s _____

Contact Telephone Number _____

Email Address- _____

IMPORTANT INFORMATION

1. Property Owner(s)

If the customer is unable to provide their assessment number/s it will be necessary for the customer contact officer to sight the customers Driver's licence or other photo identification when requesting change of address for over the counter lodgement

Power of Attorney with declaration that it has not, to the knowledge of the Attorney, been revoked.

2. Deceased estates

- *Joint tenancies* - Death certificate, certificate of title showing joint tenancy, and driver's licence or other photo identification.
- *Estates for which probate has been granted* – Grant of Probate –
- *Estates for which probate has not been granted* – death certificate and letter from solicitor acting for executor requesting change of address.

4. Change of Name

Please provide supporting legal documentation for change of name information e.g. Marriage Certificate, Change of Name Certificate; Certificate of Company Registration

5. Corporations

The person signing this form on behalf of a corporation confirms that they are duly authorised to provide consent on behalf of the corporation in accordance with the Corporations Act 2001 (Cth).

PLEASE POST YOUR COMPLETED FORM TO:

CENTRAL COAST COUNCIL, PO BOX 20, WYONG NSW 2259 or

EMAIL TO: ask@centralcoast.nsw.gov.au

Office Use Only:

Note to Corporate Information, please register, and action to Land Information Systems Team Leader for processing.