



Change of Postal Address

Request and Authority to change name and postal details

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| Account Details | Full Name or company name _____ <i>Please supply at least one of the following</i> Assessment / Debtor Number _ _ _ _ _ Property Address _____ _____ |
| Change of Address for: <input type="radio"/> Rates <input type="radio"/> D.A. <input type="radio"/> ATO renewal <input type="radio"/> All Correspondence | New Address _____ _____ _____ _____ Postcode: _____ |
| Insert your signature | Signature _____ (If signing for a company, sign & print full name & capacity for signing eg. director) Date ____/____/____ Home (____) _____ Work (____) _____ Mobile (____) _____ Email _____ |
| Office Use Only | Assessment No. _____ Advice Received via _____ TRIM Reference _____ Date Processed ____/____/____ Processed By _____ Received ____/____/____ |
| Return Details | Post: PO Box 21, Picton NSW 2571 Fax: 02 4677 2339 Email: council@wollondilly.nsw.gov.au In Person: 62-64 Menangle Street Picton NSW |