

# 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:** \_\_\_\_\_

### Your Privacy

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](http://www.shellharbour.nsw.gov.au) or contact us on 02 4221 6111.