

Change of Address Form - Company

This form is to be completed by an owner/ director only.
Please return completed form to Council.



Date: ___/___/___

Assessment Number:	
Property Address:	

Company Name:	
Name of Director:	
Registered ABN:	
Registered Business Address:	
Current Postal Address:	
New Postal Address:	
Contact Number for Owner/ Director:	
Company Email Address for Owner/ Director:	

I, (insert full name) _____, owner/ director of the above property address, would like to update for the following account: *(please indicate one of the below options)*

rates

water

both

Print Name: _____

Signature: _____