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BINGARA OFFICE 33 Maitland Street, Bingara NSW 2404 TELEPHONE 02 6724 2000

WARIALDA OFFICE 54 Hope Street, Warialda NSW 2402 TELEPHONE 02 6729 3000 WINNER OF THE A R BLUETT MEMORIAL AWARD WINNER OF THE NSW TRAINING INITIATIVE AWARD

## **CHANGE OF POSTAL ADDRESS AUTHORITY FORM**

| Please indicate below wha  ☐ Change of Rates ONLY  ☐ Change of Debtor/Cred   | Υ                          | Chang     | ge of Wate |              |                |  |
|--|----------------------------|-----------|------------|--------------|----------------|--|
| Complete and return this fo mail, email or in person. It is protection of the property or  | orm to change the postal a | ddress fo | or service | of notices   |                |  |
| I confirm I am the property  | γ's: Supporting Γ          | Documer   | ntation is | required for | the following: |  |
| <ul><li>☐ Owner</li><li>☐ Managing Agent</li></ul>   |                            |           |            | ney   Other  |                |  |
| Assessment Number/s  |                            | <u>y</u>  |            |              |                |  |
| Name – Person 1  |                            |           |            |              |                |  |
| Name – Person 2  |                            |           |            |              |                |  |
| Previous Postal Address  |                            |           |            |              |                |  |
| Suburb   |                            | State     |            | Postcode     |                |  |
| New Postal Address   |                            |           |            |              |                |  |
| Suburb   |                            | State     |            | Postcode     |                |  |
| Phone No – Person 1  |                            |           |            |              |                |  |
| Phone No – Person 2  |                            |           |            |              |                |  |
| Email – Person 1   |                            |           |            |              |                |  |
| Email – Person 2   |                            |           |            |              |                |  |
| Signature – Person 1   |                            |           | Date       |              |                |  |
| Signature – Person 2   |                            |           | Date       |              |                |  |
| Privacy Statement The information provided to Gwydir Shire Council will only be used for its intended purpose. Gwydir Shire Council complies in accordance with the Information Protection Principles prescribed under Privacy and Personal Information Protection Act 1998 NSW (PPIPA). |                            |           |            |              |                |  |
| OFFICE USE ONLY  |                            | 1         | Date       |              |                |  |
| Processed by   |                            | (         | Signature  |              |                |  |
| NAR No(s)  |                            |           | Trim       |              |                |  |