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WINNER OF THE A R BLUETT MEMORIAL AWARD WINNER OF THE NSW TRAINING INITIATIVE AWARD

CHANGE OF POSTAL ADDRESS AUTHORITY FORM

			Change of Water ONLY Change All Accounts		
Complete and return this fo mail, email or in person. It is protection of the property or	s Councils Policy to only a				
I confirm I am the property	/'s: Supporting [Documer	ntation is	required for	the following:
☐ Owner ☐ Power o		•			
☐ Managing Agent	☐ Solicitor☐ Beneficiary				
Assessment Number/s		<u> </u>			
Name – Person 1					
Name – Person 2					
Previous Postal Address	ļ		I I		
Suburb		State		Postcode	
New Postal Address					
Suburb		State		Postcode	
Contact No - Person 1					
Contact No – Person 2					
Email – Person 1					
Email – Person 2					
Signature – Person 1			Date		
Signature – Person 2			Date		
Privacy Statement The inform purpose. Gwydir Shire Counci under Privacy and Personal In	il complies in accordance wi	th the Info	l ncil will only ormation P		
OFFICE USE ONLY			Date		
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