ABN 11 636 419 850



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

## **Application for Rural Addressing**

## PLEASE NOTE: Fee applies for a New or Replacement Rural Address

Please indicate below what this form is being used for:	
□ Replacement Post and/or Address □ Notification / Change / Correction of a property name (No Charge)	
APPLICANT DETAILS	* Required
Applicant Name: *	Date of Application:
Are you the owner of the Property?   Yes  No (If no please have Owner name and sign below)	
Daytime Contact Number(s) *	
Email Address: *	
Applicant Mailing Address: *	
	Postcode:
Signature of Applicant(s): *	Date:
PROPERTY DETAILS	
Description of site to be addressed*: ☐ Dwelling ☐ Shed ☐ Business ☐ Cottage ☐ Other (Details):	
Rural Address to be used as Postal Address?	
Previous Rural Address (If applicable):	
Existing Property Name:	
New Property Name (If applicable):	
Road Name * Locality:	
Lot: Section: DP:	Assessment No:
OFFICE USE ONLY Lot: Section: DP:	Valuation No:
Assessment No: Property Type: ☐ Primary ☐ Secon	ndary □ Alternate
Distance from Datum: ☐ Left ☐ Right Side Rural Addres	s No:
Road Name: Locality	
Longitude: Latitude:	Datum:
Responsible Officer: Post Install CRM:	Letter CM:
☐ Mailed ☐ Emailed - Date: ☐ ☐ CM No: ☐	Receipt No: