



ABN 49 546 344 356
Cnr Elizabeth St & Kirkham St, Moss Vale NSW 2575
P O Box 141, Moss Vale NSW 2575
DX4961 Bowral
Ph: 48680888 Fax: 48691203
Email: wscmail@wsc.nsw.gov.au

CHANGE OF ADDRESS

Council's Property No: _____ **Date:** _____

(Please Note: A separate form needs to be completed for each property)

Property Legal Description:

Lot: _____ **Sec:** _____ **DP/SP:** _____

Property Address: _____

NEW Postal Address: _____

Property Owners Name/s: _____

(As shown on rates notice) _____

Name of Person requesting change: _____

Contact Details PH: _____ **M:** _____

Print name

Signature

Note: If you are not the property owner a letter authorising you to change the address must be attached with the property owners signature/s included.

Should you have a Power of Attorney (POA) can you please provide a copy for Council records if not previously supplied.

Please answer the following questions by circling Yes or No:

Office use:

Do you have a registered animal? Yes or No (Please give change of address form)

A building or development application pending? Yes or No (Please advise environment & planning)

An external Debtors Account? Yes or No (Please send copy of form to finance)

OFFICE USE ONLY:

V.G's No. _____ Date _____ Source: Letter/Fax/Counter.

Processed by: _____ Check: Are there any Rates or Water outstanding. Yes/No.
If yes forward a copy of this form to the Rates section.