



PAROO SHIRE COUNCIL

# Authority to Change Postal Address Details

APPLICATION DETAILS			
Customer reference number:			
Assessment number:			
Property owner(s):			
Property address:			
Suburb:		State:	Post code:
New postal address:			
Suburb:		State:	Post code:
Phone:		Mobile:	
Email:			
New postal address for:	<input type="checkbox"/> Rates	<input type="checkbox"/> Dog registration	<input type="checkbox"/> Debtors <input type="checkbox"/> Other: _____
Do you require a copy of your most recent rates notice:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

OFFICE USE ONLY			
Current rates balance:		Copy notice issued:	
Land use code:		Services:	
Notes:		Warnings:	
Signed:		Date:	

The Information collected in this form will be used by Council for a lawful purpose directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the Right to Information ACT 2009) or as required by the Public Records Act 2002.