

Change of Postal Address Form

Please change my name for all Central	Highlands Regional	Council business as indic	ated below (please pr	int clearly):	
Name/s in full:					
Primary Property Location:					
New Updated Address: (PO Box preferred)					
	TOWN:		STATE:	P/CODE:	
Contact Phone:					
Email Address:					
D RATES (Assessment Number/s):					
a Pension Rebate Granted on this pro	operty?	Yes No			
DEBTORS (Account Number/s):					
DOG REGISTRATION:					
Do you have a dog(s) registered:	□ Yes	□ No	Animal Tag/s	Animal Tag/s No:	
Is the dog registration to be sent to the new postal address?	□ Yes	□ No			
Please provide new residential address where dog(s) will be					
located:	TOWN:		STATE:	P/CODE:	
LICENCES:					
Trading Name:			Acc No:		
* This form is for change of postal of please indicate this when signing.	address only . All lice	ncees must sign this forn	n. If a Manager is actii	ng on behalf of a company,	
BUILDING:					
Property Location / Application Nu	mber/s:				
OTHER APPLICATION/S:					
Please specify and provide relevant	t details:				
Please provide any other relevant info	rmation below:				
				, ,	
Applicants Name		Signature/s		/ / Dated	

Privacy Statement

The collection of this information is authorized under Local Government Act 2009. This information will be used to update contact details within Councils Database. Unless authorized or required by law, your personal information will not be disclosed to any third party without your consent. More information about privacy management in the Central Highlands Regional Council is available on our website.