

# Change of Address Form

All change of address requests must be completed in writing and signed. Please return your completed form to [info@whitsundayrc.qld.gov.au](mailto:info@whitsundayrc.qld.gov.au) or PO Box 104, Proserpine QLD 4800 or nearest customer service centre.

Individual/s

Business / Organisation

## Section 1 – Individual/s

| Individual 1       |  | Individual 2  |  |
|--------------------|--|---------------|--|
| Surname            |  | Surname       |  |
| Given Name/s       |  | Given Name/s  |  |
| Date of Birth      |  | Date of Birth |  |
| Phone Number       |  | Phone Number  |  |
| Email Address      |  | Email Address |  |
| New Postal Address |  |               |  |

## Section 2 – Company / Organisation

|                    |  |               |  |
|--------------------|--|---------------|--|
| Business Name      |  |               |  |
| Trading Name       |  |               |  |
| ABN                |  | Email Address |  |
| Phone Number       |  | Mobile Number |  |
| New Postal Address |  |               |  |

## Section 3 – Individual accounts to be updated *(if left blank all account correspondence will be updated)*

|                              |                          |   |                                |
|------------------------------|--------------------------|---|--------------------------------|
| Rates & Water                | <input type="checkbox"/> | <i>List assessment # to change postal address for specific property or leave blank for all.</i> |                                |
| Local Law / Health Licensing | <input type="checkbox"/> | <i>List licence # to change postal address for specific licence/s or leave blank for all.</i>   |                                |
| Animal Registration          | <input type="checkbox"/> | Animal kept at:   | <i>Please provide address.</i> |
| Creditor / Debtor            | <input type="checkbox"/> | Email (Remittances)   | Email (Purchase Orders)        |
|                              |                          |   |                                |

## Section 4 – Declaration

I/We, the applicant, declare that the above information is correct in all respects, at the time of lodgement of this application with the Whitsunday Regional Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise the Whitsunday Regional Council in writing prior to any such change being implemented.

|  |  |      |  |
|--|--|------|--|
| Signature 1  |  | Date |  |
| Signature 2  |  | Date |  |
| Name/s and Position of Authorised Signatory for Company / Organisation |  |      |  |

**PRIVACY DISCLAIMER** Whitsunday Regional Council will only use personal information provided, to remain in contact with you regarding relevant council business. This information will only be disclosed to other third parties with your written authorisation or as we are required to by law.