

Cassowary Coast Regional Council

A.B.N. 20 889 787 211

Please return this form to:

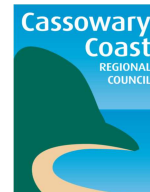
Cassowary Coast Regional Council

PO Box 887, INNISFAIL, Q 4860

Fax No.: 07 4061 4258

Email: enquiries@cassowarycoast.qld.gov.au

All address changes need to be in written format.



CHANGE OF ADDRESS NOTIFICATION

Please change my address details for all records as indicated below:

Please use BLOCK LETTERS and complete all details in full.	Privacy Statement: The Cassowary Coast Regional Council respects your privacy. Personal information on this form is collected in accordance with Local Government Regulation 2012 and is used only by Council staff for the purpose of this form. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the appropriate form obtainable from Council Website at any time.
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Contact Details:					
Full Given Names:				Surname:	
Company /Trustee Name:				ABN:	
Telephone and Other Contacts:	Home:		Work:		Mobile:
	Facsimile:		Email:		

Address Details:			
Previous Postal Address:	Street/PO Box:		
	Suburb/Town:		Postcode:
New Postal Address:	Street/PO Box:		
	Suburb/Town:		Postcode:
New Residential Address: <i>* if different from postal address</i>	Street Number:	Street Name:	
	Suburb/Town:		Postcode:

Council Correspondence: Please complete the following to indicate which Council departments this address change applies to:			
Rates: <i>* If yes, please list the properties you own in the Cassowary Coast Area</i>	*Yes <input type="checkbox"/> No <input type="checkbox"/>	Property Address OR Lot and Plan:	Property No.:
		*	
Dog Registration:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dog Number/s:	
Licences:	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Flammables & Combustibles <input type="checkbox"/> Tourist Accommodation <input type="checkbox"/> Roadside Stalls <input type="checkbox"/> Caravan Parks <input type="checkbox"/> Food Premises <input type="checkbox"/> Camping Grounds <input type="checkbox"/> Motel/Hostel/Backpackers <input type="checkbox"/> Trade Waste <input type="checkbox"/> Environmentally Relevant Activities <input type="checkbox"/> Goods on Footpath <input type="checkbox"/> Other:	
Creditors/Debtors:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Building/Planning:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Library:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, Member Number (if known):	
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, provide details:	

Authorised Signature: _____ Date: _____