

CASSOWARY COAST REGIONAL COUNCIL PO Box 887 INNISFAIL QLD 4860 Ph: 1300 763 903

Email: enquiries@cassowarycoast.qld.gov.au

CHANGE OF ADDRESS NOTIFICATION					
Contact Details:					
Full Given Names:					
Company /Trustee Nan	ne:			ABN:	
Mobile:			Phone (H):		
Email Address:					
Address Details:					
Previous Postal Addre	Street/PO Box:				
	Suburb/Town:			Postcode:	
New Postal Address:	Street/PO Box:				—
	Suburb/Town:			Postcode	
New Residential Addres	Street Number:	Street Name:			
* If different from postal addre	Suburb/Town:			Postcode	
Council Correspondence: Please complete the following to indicate which Council departments this address change applies to:					
		Property Address OR Lot	and Plan:		Property No:
Rates:		*			
* If yes, please list the	*Yes No L				
properties you own in the Cassowary Coast Area.					
If all properties cannot fit on this page, complete a					
second form for additional properties.					
Dog Registration:	Yes No	Dog Number/s:			l
		☐ Flammables & Combustibles	☐ Tourist Accommodation	Roadside Stalls	
Licences:	Yes No No	☐ Caravan Parks	☐ Food Premises	☐ Camping Grounds	
		☐ Motel/Hostel/Backpackers	☐ Trade Waste	☐ Environmentally Relev	ant Activities
		☐ Goods on Footpath	☐ Other:		
Creditors/Debtors:	Yes No				
Building/Planning:	Yes No				
Library:	Yes No	If YES, Member Number (if known):			
Other:	Yes No No	If YES, provide details:			
Signature:			Date:		
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.					