

Bridge Rd, Nowra NSW 2541 | **1300 293 111** Deering St, Ulladulla NSW 2539 | **02 4429 8999**

Address all correspondence to:
The Chief Executive Officer, PO Box 42, Nowra NSW 2541 Australia
council@shoalhaven.nsw.gov.au
DX5323 Nowra | Fax 02 4422 1816

Change of Address Details

City Performance

1 Applicant details				
□ Mr □ Mrs □ Ms □ Other:				
First Name: Last Name:				
If this request is not being made by the property owner(s), the online form must be completed.				
If you are registered for electronic delivery of notices, they will continue to be delivered electronically.				
Mobile:	Home:	Business:		
Email:				
2 Postal Address Details				
Currently Recorded Postal Address:				
Unit / Street No / PO Box:		Street Name:		
Suburb / Town / Village / Locality:				
State:	Postcode:			
New Postal Address:				
Unit / Street No / PO Box:		Street Name:		
Suburb / Town / Village / Locality:				
State: Postcode:				
Residential Address (If differs from Postal):				
Unit / Street No:				
Street Name:				
Suburb / Town / Village / Locality:				
State:	Postcode:			
Office use only				
Related Policies:				
Trim Form Number: 761				
Issue Date:11/2023				
Owned by (section): Finance				
Review Date: 11/2025				

3	Property Details (plea	se attach a separate sheet if required)		
Property	ID:			
Unit / Str	eet No:	Street Name:		
Suburb /	Town / Village / Locality:			
State:		Postcode:		
Lot:		DP:		
4	Property Details (If mo	ore than 1 property)		
Property	ID:			
Unit / Str	eet No:	Street Name:		
Suburb / Town / Village / Locality:				
State:		Postcode:		
Lot:		DP:		
5	Account Details			
This change of address will apply to:				
□ Ra	Rates and Water Account			
□ Of	ther			
Do you own a cat or dog? If so, please contact the Ranger Services on 4429 3433 to obtain a form to update your details on the NSW Companion Animals Register. This is a requirement under the NSW Companion Animals Act.				
6 Applicants declaration				
I/We declare that the information on this form is true and complete. Failure to supply full details and sign this declaration can result in the transaction not proceeding.				
Applican	t signature:	Date: / /		
Do all other owners agree to this change of address?		change of address?		
Note: If this question is not answered only the applicants will be altered, this may result in mail not being properly directed.				
Important information				
Privacy & Public Access to Information				
Information supplied on this form will be managed in accordance with Council 's Privacy Management Plan, Public Access to Council Information Policy and relevant legislation. Certain information supplied to and held by Council may be made available to the public pursuant to the provisions of the Government Information (Public Access) Act 2009 (GIPA Act). Further information on privacy and public access to information can be found on Council's website: https://shoalhaven.nsw.gov.au/My-Council/About-Council/Privacy-and-personal-information				
Lodgem	ent details			
Mail: The	n: Council offices at Bridge	ntion by D Box 42 Nowra NSW 2541, Email: council@shoalhaven.nsw.gov.au Rd, Nowra or Deering St, Ulladulla. Council Officer will contact you if further information is required.		