Gladstone Regional Council

NOTIFICATION OF CHANGE OF ADDRESS

Please complete, *SIGN* and post or fax to your local office address details as above.

OWNER/S NAME: _____

_____

New Postal Address

Residential Address (If Different)

Contact Details:	Home Phone:	Email:
	Mobile:	Fax:

_____   ___ / ___ / _____
Signature of Owner/s   Date

Please note the above change of address for services of notices with regard to the following assessment/s:

Assessment No.	Lot/Plan Description	Location – Property Address

PLEASE APPLY MY CHANGE OF ADDRESS TO:

□ Development Services (Planning & Building)   □ Dog Registration
□ Accounts Payable (Creditors)   □ Accounts Receivable (Debtors)
□ Library   □ Rates Department
□ Payroll Records   □ Health
□ Other – Please Specify _____

Office Use Only
Records Officer

Actioned To:	Dev Serv	Creditors	Library	Dog Reg	Payroll	Health	Debtors	Rates	Other

Actioning Officer

Actioned By:	Date:	Distribution to Other Office Required	Copy Forwarded By	On Date	DNR WTR No
		Gladstone / Miriam Vale / Calliope			