

33 Goldie Street PO Box 348 SMITHTON TAS 7330 council@circularhead.tas.gov.au (03) 6452 4800 www.circularhead.tas.gov.au

## CHANGE OF ADDRESS NOTIFICATION RATES

INDIVIDUAL DETAILS						
Surname:	First Name(s):					
Property Address:						
Town:	Postcode:					
Old Residential Address:						
Old Postal Address:						
New Residential Address:						
New Postal Address (if different to above):						
Town:	Postcode:					
Phone:	Mobile:					
Email:						
DECLARATION						
Signature:	Signature:					
Name:	Name:					
Date:	Date:					

## Privacy Statement

The personal information on this form is required by Council for administrative purposes. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend or personal information at any time. How we use this information is explained in our Privacy Policy, which is available at www.circularhead.tas.gov.au or at the Council office.

OFFICE US						Det	-					
Received:						Dat	e:					
PID:												
Taske	ed In ECM											
Enter	red in Proper	ty record	S									
Doc No:	Aw 17 033 1	Edition:	В	Version:	3	Date:	19/07/17	Officer:	RAPO	Approval:	MCS	Page 1 of 1