

# CHANGE OF NAME & ADDRESS DETAILS REQUEST



## STEPS TO COMPLETE THIS FORM

1. One form to be completed per person or company
2. Fields marked with \* are mandatory and must be completed

### 1. EXISTING DETAILS

|   |                         |   |
|---|-------------------------|---|
| Title * (Mr/Mrs/Ms/Miss/Co)                 | Given Name/s* (In full) | Family Name* (Surname)                    |
| <input type="text"/>                        | <input type="text"/>    | <input type="text"/>                      |
| Current Postal Address*                     |                         | Date of birth (for customer verification) |
| <input type="text"/>                        |                         | <input type="text"/>                      |
| Company Name/Business Name (if applicable)* | ABN/ACN Number          |   |
| <input type="text"/>                        | <input type="text"/>    |   |

### 2. NEW OR ALTERED DETAILS

Note: Change of Name requires documented evidence of name change  
e.g. Registered Marriage Certificate, Instrument of Change of Name or Death Certificate.

|  |                            |                              |
|--|----------------------------|------------------------------|
| Title * (Mr/Mrs/Ms/Miss/Co)            | Given Name/s* (in full)*   | Family Name* (Surname)       |
| <input type="text"/>                   | <input type="text"/>       | <input type="text"/>         |
| Company/Business Name (if applicable)* | ABN/ACN Number             |                              |
| <input type="text"/>                   | <input type="text"/>       |                              |
| New Postal Address*                    |                            |                              |
| <input type="text"/>                   |                            |                              |
| <input type="text"/>                   |                            |                              |
| Contact Numbers*                       |                            |                              |
| Home: <input type="text"/>             | Work: <input type="text"/> | Mobile: <input type="text"/> |
| E-mail Address                         |                            |                              |
| <input type="text"/>                   |                            |                              |

### 3 RATES PROPERTY DETAILS

List only those properties affected by the change of details

| Rates Assessment Number | Property Address     |
|-------------------------|----------------------|
| <input type="text"/>    | <input type="text"/> |
| <input type="text"/>    | <input type="text"/> |
| <input type="text"/>    | <input type="text"/> |
| <input type="text"/>    | <input type="text"/> |

## 4 CHANGE OF DETAILS APPLIES TO

|                                   |                              |  |                          |
|-----------------------------------|------------------------------|--|--------------------------|
| <b>ALL Council Correspondence</b> | <input type="checkbox"/> Yes | If <input type="checkbox"/> No - please indicate below |                          |
| Rates (please complete section 3) | <input type="checkbox"/>     | Development Application                                | <input type="checkbox"/> |
| Bonds (e.g. Halls, Parks)         | <input type="checkbox"/>     | Licences (e.g. footpath)                               | <input type="checkbox"/> |
| Commercial Waste                  | <input type="checkbox"/>     | Other (please specify)                                 | <input type="checkbox"/> |
| Accounts Receivable Invoice       | <input type="checkbox"/>     | _____  |                          |

## 5. DECLARATION

I declare that by submitting this form I am the resident and/or ratepayer, nominated agent or an authorised representative for the business/company completing this application and confirm the information I have provided is correct and true.

|  |                         |                        |
|--|-------------------------|------------------------|
| Title * (Mr/Mrs/Ms/Miss/Co)  | Given Name/s* (in full) | Family Name* (Surname) |
| <input type="text"/>   | <input type="text"/>    | <input type="text"/>   |
| <b>Note: Where a company is the applicant, please attach a letter on company letterhead listing the director's names and signatures approving the change of details.</b> |                         |                        |
| Signature*   | Date*                   |                        |
| <input type="text"/>   | <input type="text"/>    |                        |

## CONTACT US

### This application can be lodged by:

Email: [mail@fairfieldcity.nsw.gov.au](mailto:mail@fairfieldcity.nsw.gov.au)

Fax: 02 9725 4249

Mail: PO Box 21 FAIRFIELD NSW 1860

In person: Fairfield City Council  
86 Avoca Road WAKELEY NSW 2176  
Mon to Fri – 8:30am to 4:30pm

### Contact us:

Contact Centre: 02 9725 0222  
Mon to Fri – 8:30am to 4:30pm

Website: [www.fairfieldcity.nsw.gov.au](http://www.fairfieldcity.nsw.gov.au)

## PRIVACY & PERSONAL INFORMATION PROTECTION ACT 1988

The information provided by you on this form will be used by Fairfield City Council to process this application. The provision of this information is voluntary; however, if you do not provide the information, Council may not be able to fully process your application. Once collected, the information can be accessed by you in accordance with Council's Privacy Management Plan, where legislation requires or where you give permission for third party access.