

Request for Change of Address

Form to be forwarded to the Finance Group

1. Property Details (continue over if required) **(only properties listed will be changed)**

<u>Valuation Number</u>	<u>Assessment Number</u>	<u>NAR number</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Indicate if continued over the page

2. Details of ALL People/Business moving **(only names listed will be changed)**

<u>Surname/Business Name/Trust</u>	<u>First/Given Names (in full)</u>
1.....
2.....
3.....

3. Change of Address Details

<u>Old Address Details</u>	<u>New Address Details</u>
Flat/Street No
Suburb/Rural
Town/Locality

4. Change of Contact Details

New Phone Email

5. What other accounts do you have with Waitaki District Council?

Dog Registration Debtors Water Meter Other (specify)

If you are **NOT** the account holder, please provide Power of Attorney documents
OR provide a contact email or phone number above for the account holder.

Signature Print Name
Phone Date/...../.....

ONLY SIGNED APPLICATIONS WILL BE PROCESSED

OFFICE USE ONLY

Copy of Power of Attorney Attached CSU initials

