

RATES CHANGE OF MAILING ADDRESS REQUEST FORM

Please lodge this form with the Rates Section:

Charters Towers Regional Council, PO Box 189, Charters Towers Qld 4820;

or Fax to: 07 4761 5344 or scan and email to mail@charterstowers.qld.gov.au

Important: Please note that address changes are not confirmed as received by Council until in return, you receive a copy of this form, with the shaded *Confirmation Section*, dated, numbered and signed. It is the responsibility of the Property owner to ensure they receive the confirmation form. *Please use black pen.*

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1. CONTACT INFORMATION	ON		
Owner 1 Name			Name ID (Office Use)
Contact Number		Email	(Office Ose)
Owner 2 Name			Name ID
Contact Number		Email	(Office Use)
Owner 3 Name			Name ID
Contact Number		Email	(Office Use)
2. AUTHORITY			
Give details of your author ☐ Property Owner ☐ Pow 3. ADDRESSES		nis information by ticking uthorised Representative	one box below:
Old Mailing Address			
New Residential Address			Res Address ID (Office Use)
New Mailing Address			Serv Address ID (Office Use)
4. RATE RECORD Please list all properties address applies:	owned within the	Charters Towers Regio	n to which the new mailing
CUSTOMER REFERENCE N	UMBER I	PROPERTY ADDRESS	ASSESSMENT NUMBER
5. SIGNATURE/S			
Signature 1	Signature 2	Signature 3	// Date
Rates Section Use Only	<u> </u>		
Mailing Address Details Updated//	Contact Details Update	ed Processed by:	Checked by:
CONFIRMATION ADVICE	Dated: / /	Doc. No.	Initials:

The information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application/request. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Right to Information Act 2009 and Information Privacy Act 2009). This information will be stored on Council's database. The information collected will be retained as required by the Public Records Act 2002.

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