

## NOTIFICATION OF RESIDENTIAL AND POSTAL ADDRESS

If a Company please provide the names of 2 directors below.  Surname: Christian Name(s):  Surname: Christian Name(s):  Residential Address: If Company Registered Office Address  Postal Address:  Telephone #: work Which address do you require the following to be posted?  Correspondence: Postal Residential Other  Applications: Postal Residential Other  Accounts Payable: Other  Accounts Payable: Other  Rates and Charges / Water: Other  Assessment # & Address Assessment # & Address Signature(s): Council Officer: Date: / /200_	Company Name								
Surname: Christian Name(s):  Surname: Christian Name(s):  Residential Address: If Company Registered Office Address  Postal Address:  Telephone #: home	If a Company please provide the								
Christian Name(s):  Surname: Christian Name(s):  Residential Address: If Company Registered Office Address  Postal Address:  Telephone #: home									
Surname: Christian Name(s):  Residential Address: If Company Registered Office Address  Postal Address:  Telephone #: home									
Christian Name(s):  Residential Address:  If Company Registered Office Address  Postal Address:  Telephone #: home Fax #:  Telephone #: work Mobile #:  Which address do you require the following to be posted?  Correspondence:  Other  Applications:  Postal Residential  Other  Accounts Payable:  Other  Accounts Receivable:  Other  Rates and Charges / Water:  Other  Assessment # & Address  Signature(s):	Christian Name(s):								
Residential Address:  If Company Registered Office Address  Postal Address:  Telephone #: home Fax #:  Telephone #: work Mobile #:  Which address do you require the following to be posted?  Correspondence: Postal Residential Other  Applications: Postal Residential Other  Accounts Payable: Postal Residential Other  Accounts Receivable: Other  Rates and Charges / Water: Other  Assessment # & Address  Assessment # & Address  Signature(s):	Surname:								
If Company Registered Office Address	Christian Name(s):								
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Telephone #: home Fax #:  Telephone #: work Mobile #:  Which address do you require the following to be posted?  Correspondence: Postal Residential Other  Applications: Postal Residential Other  Accounts Payable: Postal Residential Residential Other  Accounts Receivable: Other  Rates and Charges / Water: Other  Assessment # & Address Assessment # & Address Signature(s):									
Telephone #: home Telephone #: work  Which address do you require the following to be posted?  Correspondence:  Other  Applications:  Other  Accounts Payable:  Other  Accounts Receivable:  Other  Rates and Charges / Water:  Other  Assessment # & Address Assessment # & Address  Signature(s):  Fax #:  Mobile #:  Mobile #:  Mobile #:  Residential  Residential  Residential  Residential  Residential  Other  Residential  Other									
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Signature(s):	Assessment # & Address								
	Assessment # & Address								
Council Officer: Date: / /200	Signature(s):								
200_	Council Officer:					Date:			/200_

Return to:

Walgett Shire Council, 71 Fox Street

or post to:

PO Box 31, Walgett NSW 2832

or fax to:

02 6828 1608