



CHANGE OF ADDRESS FORM

PO Box 320
Stratford 4352
Ph: (06) 765 6099

CUSTOMERS CURRENT DETAILS

P _____

First Name:

Last Name:

Property Address:

CUSTOMERS NEW DETAILS

First Name:

Last Name:

New Postal Address:

Post Code:

Home Phone:

Cell Phone:

OFFICE USE Valuation No _____ NAR No _____

Please select which modules need to be updated.

Note: If this is only for rates please give it to the Rates Officer otherwise give it to the Systems Account.

Rates

Community Services

Building

Liquor Licence

Health Registration

Other

Creditors/Debtors

All

Signature:

Date: ____/____/____