

Change of Address

ABN: 30 308 161 484 | PO Box 906, Moama NSW 2731
1300 087 004 | admin@murrayriver.nsw.gov.au

OFFICE USE ONLY			
Responsible Officer:		Date Received:	
Change of Address Authorised:	Yes	No	Approval Date:
Address Update By:			
APPLICANT'S DETAILS			
Surname:		Given Names:	
Company Name: (if applicable)			
Previous Address:			
New Address:			
Postal Address:			
Phone:		Mobile:	
Email:			
MANAGING AGENT DETAILS (If applicable)			
Agent/Manager Name:			
Agent Postal Address:			
Agent Email:			
Agent Phone:			
DECLARATION			
	I/We are the owners of this property or authorised agent (all owners to sign)		
	All information given is true and correct		
Signature/s:			Date:
Signature/s:			Date: