



# LSC Change of Address/ Details Form



**1. Owner Details** – If more than one owner, please indicate that others agree by ticking box

**Full Name of Owner/s** (including title): \_\_\_\_\_

**Contact Telephone Numbers:**

(H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Property Details** – List only the properties of the owner above and attach a separate sheet if more room required.

**Assessment Number**                      **Property Address**

Assessment Number	Property Address

**3. New or Altered Details** – Note: for a change of surname, a certified copy of a Marriage Certificate or Change of Name Certificate must be attached.

**Residential Address:** \_\_\_\_\_

**Postal Address (if different):** \_\_\_\_\_

**Name Change:** \_\_\_\_\_

**Change of Details Applies To:**    All Council Correspondence:     Rates Only:     Water Only:

**COPIES of Notices:**                      Both Rates and Water     Rates Only:     Water Only:

**To go to the below address:**  
\_\_\_\_\_

## 5. Declaration:

I declare that the information on this form is true and complete. Failure to supply full details and sign this declaration may result in the request not being processed.

**Signature of Applicant (Ratepayer)**

**Date**

\_\_\_\_\_

\_\_\_\_\_

Office Use Only:

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NAR/s Effected: \_\_\_\_\_ NAR/s Merged: \_\_\_\_\_

PLEASE RETURN SIGNED FORM TO COUNCIL OFFICES 23-25 CHELMSFORD PLACE, LEETON  
OR FAX (02) 6953 3337 OR EMAIL TO council@leeton.nsw.gov.au