



Temora Shire Council Notification of Change of Address

105 Loftus Street
PO Box 262
TEMORA NSW 2666
ABN: 55 048 860 109

Phone: 02 6980 1100
Fax: 02 6980 1138
Email: temshire@temora.nsw.gov.au
Website: www.temora.nsw.gov.au

Owners Details

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Residential Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
Phone (h):	<input type="text"/>	Phone (w):	<input type="text"/>
Fax:	<input type="text"/>	Phone (m):	<input type="text"/>
Email:	<input type="text"/>		
Surname:	<input type="text"/>	First Name:	<input type="text"/>
Residential Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
Phone (h):	<input type="text"/>	Phone (w):	<input type="text"/>
Fax:	<input type="text"/>	Phone (m):	<input type="text"/>
Email:	<input type="text"/>		

Postal Address for service of notices:

<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>

Please list all properties to be changed:

Assessment No.	<input type="text"/>	Property Address:	<input type="text"/>
			<input type="text"/>
Assessment No.	<input type="text"/>	Property Address:	<input type="text"/>
			<input type="text"/>
Assessment No.	<input type="text"/>	Property Address:	<input type="text"/>
			<input type="text"/>

Please indicate which of the following you would like the address changed for:

Rates	<input type="checkbox"/>	Debtors	<input type="checkbox"/>	Animals	<input type="checkbox"/>
General Correspondence	<input type="checkbox"/>	All	<input type="checkbox"/>		

Certification:

Name:	<input type="text"/>	Name:	<input type="text"/>
Signature	<input type="text"/>	Signature:	<input type="text"/>

Office use only:

NAR No's.	<input type="text"/>	Property ID's	<input type="text"/>
Date Processed in Authority	<input type="text"/>	Date processed on LPMA website	<input type="text"/>