

APPLICATION TO CHANGE STREET ADDRESS

Receipt Code: 78

(must be signed by all owners of the subject property)

APPLICANT DETAILS			
Title:	Given Name(s)	Surname / Last Name	
Mr/Mrs/Ms/Dr Other:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Company name: <input style="width: 100%;" type="text"/>			
Contact Address:			
Unit	/	House Number	
<input style="width: 50px;" type="text"/>	/	<input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>	
Street or PO Box: <input style="width: 100%;" type="text"/>			
Suburb:	<input style="width: 100%;" type="text"/>	State:	<input style="width: 50px;" type="text"/>
		Postcode:	<input style="width: 50px;" type="text"/>
*Daytime Phone	<input style="width: 100%;" type="text"/>	*Fax:	<input style="width: 100%;" type="text"/>
		*Mobile:	<input style="width: 100%;" type="text"/>
*Email: <input style="width: 100%;" type="text"/>			
Method of Payment (please tick): <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card (complete section below if credit cardholder is not the applicant).			
The cardholder authorises payment for the amount specified. In the event of a refund the cardholder will be the recipient of the funds.			
_____ Cardholder's Printed Name		_____ (Date)	
_____ Cardholder's Signature			
<i>*Voluntary information only. (Assists with timely processing of your application. See Privacy and Personal Information Act statement)</i>			

SITE DETAILS	
Existing Address: Lot No. _____	DP No. _____
House No. _____	Street. _____
Proposed Address Change: _____	
The applicant/owner is encouraged to discuss the proposal with adjoining owners.	
NOTE: A fee of \$650.00 applies to this request of which 50% will be refunded if application is not approved (will also apply in case of subdivision approval).	

PRIVACY AND PERSONAL INFORMATION PROTECTION ACT, 1998
Your personal information is being collected to process this application. The supply of personal contact information by you [marked with an asterisk (*)] is voluntary. If you cannot provide or do not wish to provide this information, the Council may not be able to process your application. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. This application form and the information contained in it is accessible to the public upon enquiry, noting that information contained within a credit card authority form, where applicable, is not held by Council after the transaction is processed and the authority form is destroyed.

CHANGE OF STREET ADDRESS ASSESSMENT CRITERIA

Council's allotment and changing street addresses policy details the assessment criteria for each application received.

This policy is available on Council's website and details the key criteria as shown below:

1. The application must not lead to any confusion or concerns for emergency services.
2. The application must contain street numbering of a logical sequence.
3. The application is not subject to objection by the NSW Land and Property Information - Addressing Committee.
4. The application must not lead to any concerns from Australia Post or any other important service authorities.
5. Council will notify surrounding neighbours and consider their submissions.

It is unlikely that the application will be approved in the event Council receives objections from NSW Addressing Committee and/or Australia Post and/or substantiated objections from adjoining owners.

OFFICE USE ONLY

Assessment No.: _____

Receipt No.: _____ Date: _____ Amount: \$ _____

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Owners | <input type="checkbox"/> Aust Post |
| <input type="checkbox"/> NSW Addressing Committee | <input type="checkbox"/> LTO |
| <input type="checkbox"/> Adjoining Residents | <input type="checkbox"/> VG |
| | <input type="checkbox"/> DITM |
| | <input type="checkbox"/> Telstra |
| | <input type="checkbox"/> GIS |
| | <input type="checkbox"/> IS |
| | <input type="checkbox"/> NAR |
| | <input type="checkbox"/> Objectors |

DECLARATION

The details provided by me are correct and I have read and understand all information provided in this application.

(Applicant's Signature)

(Date)

LODGEMENT INFORMATION

Method of Lodgement

It is recommended that applications be submitted in person at Civic Centre, Mosman Square, Spit Junction, to avoid time lost in the event of incomplete applications and the need to return them by post.

For privacy and security reasons payment is prohibited by credit card via email transmission.

Applications that are lodged by post should be addressed to The General Manager at:

PO Box 211 SPIT JUNCTION NSW 2088

Fax: 02 9978 4299

Further Information

If you require further information on completing this form, Council may be contacted on 9978 4000 between 8.30am and 5.00pm Monday to Friday.

CREDIT CARD AUTHORITY FORM



This form is to be submitted in conjunction with the application form.

Refer to application form for Method of Lodgement

This credit card authority form is destroyed after the transaction is processed and no information contained therein is retained by Council.

Credit Card Details - Council Payment Fax No. (02) 9978 4299

This form cannot be emailed to Council.

Please charge my American Express Master Card Visa

Card number

Card holder's name Expiry Date /

Amount \$ Phone () daytime

Signature

Please note that American Express, Master Card and VISA incur a 1% service fee.

**THIS PAGE IS NOT TO BE
SCANNED, COPIED, EMAILED OR
REPRODUCED BY COUNCIL**