



Please return completed form to:
 Orange City Council
 PO Box 35
 ORANGE NSW 2800
 Civic Centre
 Byng Street
 ORANGE NSW 2800
 Ph 1300 650 511
 Fax 02 6393 8199
 Email council@orange.nsw.gov.au

Office Use Only	
Transfer No	

REQUEST FOR ALTERATION OF NAME AND ADDRESS REGISTER

I hereby provide the following information:

CHANGE OF PERSONAL DETAILS

Surname/Business Name:

Given Names Title – Mr/Mrs/Ms/Miss/Other

Surname/Business Name

Given Names Title – Mr/Mrs/Ms/Miss/Other

Phone - Home..... Mobile

Work Fax

Email

Property Address Postcode

Residential Address Postcode

Mailing Address Postcode

Please indicate with a tick (✓) records to be altered:

Rates Water Debtors All Council Records

COMMENTS:

.....

Nominated date by which change is to be made

Signature Date

Please attach documentation (eg a certified copy of Certificate from Registry of Births Deaths and Marriages/Drivers Licence) for Change of Name alteration requests.

OFFICE USE ONLY			
Assessment Number		Date Altered	
NAR Number		NAR Numbers Merged	

The information you provide may be personal information for the purpose of the Privacy and Personal Protection Act 1998. The supply of the information by you is voluntary. If you cannot provide or do not wish to provide the information sought, your application may be unable to be processed.
 This personal information is being collected from you in order to process your application for Alteration of Name and Address.