

CHANGE OF STREET ADDRESS APPLICATION FORM

This application form is for requests for a property to be known as the address from an alternate street frontage (where the property faces more than one street).

It is not to be used for the allocation of numbers to newly constructed dwellings.

Please include all details as requested. When finished, return this form to Council, including any attachments.

OWNER DETAILS			
APPLICANT(S)NAME:			
POSTAL ADDRESS			
PHONE (w):		PHONE (m):	
EMAIL:			
I declare that all the information that I have provided is true and I am authorised to make this application.			
OWNER SIGNATURE:		DATE	
OWNER SIGNATURE:			

PREMISES DETAILS (Current Street Address)					
STREET ADDRESS:					
LOT:		SECTION No.		DP No.	

PROPOSED ADDRESS DETAILS	
STREET ADDRESS:	
OTHER:	

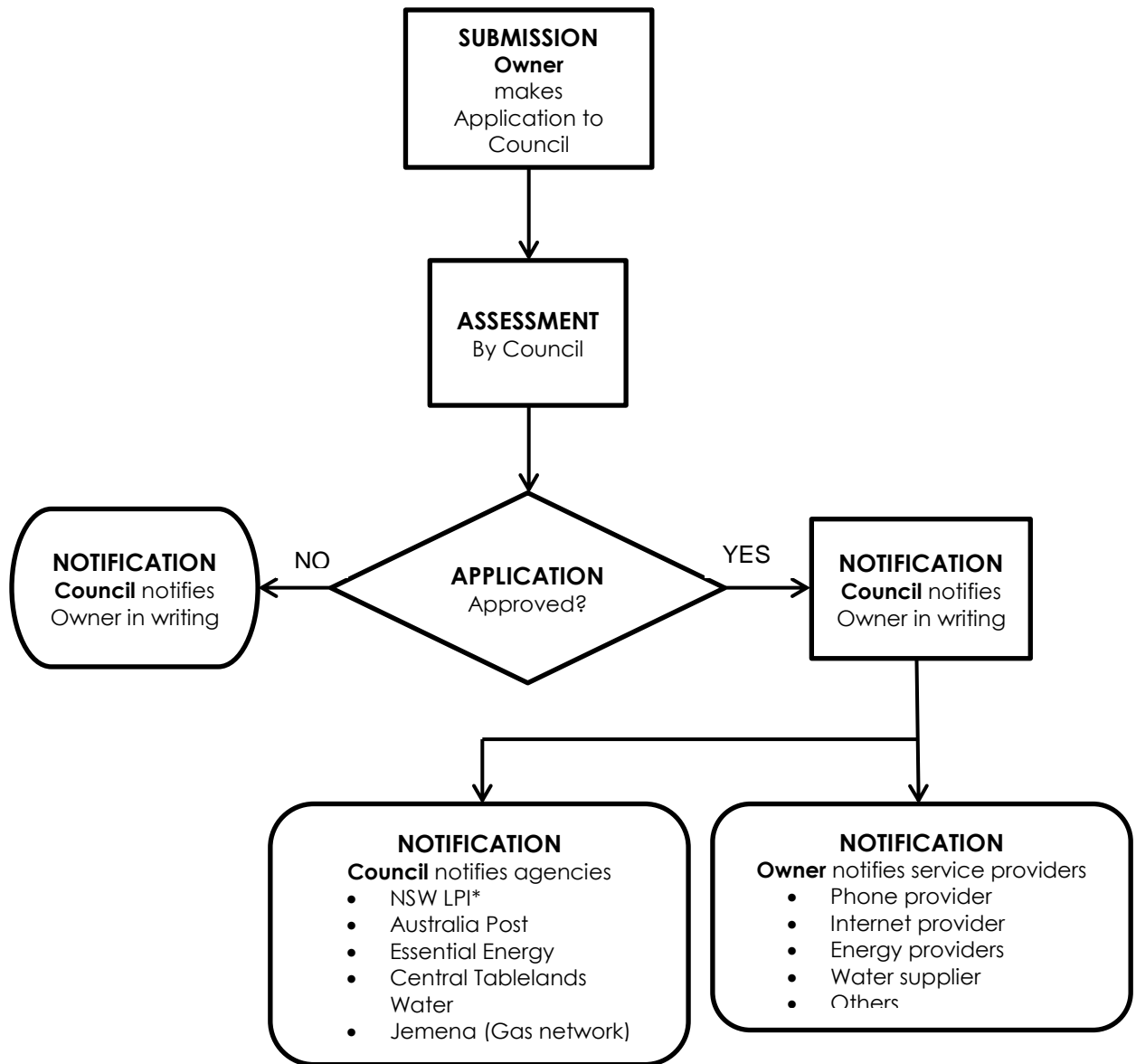
REASON FOR REQUEST TO CHANGE ADDRESS (Please attach relevant documents/maps to enable Council to accurately assess the request).

OFFICE USE (Job No. 11400710.166)			
FEE PAID	\$	RECEIPT No.	DATE:
ISSUED BY			

Council Details	
Address: Blayney Shire Council 91 Adelaide Street, BLAYNEY NSW 2799 PO Box 62 BLAYNEY NSW 2799	Website: www.blayney.nsw.gov.au Email: council@blayney.nsw.gov.au Phone: (02) 6368 2104 Fax: (02) 6368 3290

CHANGE OF STREET ADDRESS

PROCESS



* NSW Geographical Names Board notifies Australia Post, the Australian Electoral Commission and through Land and Property Information, the PSM Australia for Australian Bureau of Statistics and Emergency Service Organisations.