CHANGE OF ADDRESS AND NAME



Full Name/Company Name	Assessment Number
Change mailing address Change of name	
Old Mailing Address/details	
Please note, change of name requires documented evidence of name change eg. Marrio	age Certificate.
New Mailing Address/details	
First Name/Company Name Surnam	ne
No. Street Sub	urb
Postcode Email	Mobile
What council business is affected by these changes	
Rates	
All other correspondence	
*	
Print Name Signature	Date
Signature	Date

Please return completed form to:

Email: council@cityofparramatta.nsw.gov.au

Fax: 02 9806 5917

Post: PO Box 32, Parramatta NSW 2124

IMPORTANT:

Council is collecting your personal information in order to enable Council to process this form. The intended recipient of the information is City of Parramatta Council. While the supply of this information is voluntary, the personal information you provide will enable Council to update your details. The personal information can be accessed by you and may also be available to third parties in accordance with City of Parramatta's Access to Information Policy and Privacy Management Plan. You may make an application for access or amendment to personal information held by Council. Council will consider any such application in accordance with the Privacy and Personal Information Protection Act 1998. Council is the agency that holds the personal information. Council may be contacted on 9806 5000 or at 126 Church Street, Parramatta NSW 2150.