

# Change of postal address request

## When to use this form

Use this form if you would like to change your current postal address. Please indicate on the form all areas of Council that you would like this change to apply to.

## Personal details

Are you making this request on behalf of a company or organisation? (Select 1 option) Required

- yes  
 no

Complete this field if you selected 'yes' in *Personal details: Are you making this request on behalf of a company or organisation?*

What is the name of the company or organisation? Required

Complete this field if you selected 'yes' in *Personal details: Are you making this request on behalf of a company or organisation?*

What is your position within the company or organisation? Required

First name Required

Last name Required

Property number (if selecting rates)

Property address Required

New postal address Required

Email address Required

If you are a rate payer would you prefer your rates notice sent to this email address? (Select 1 option)

- yes
- no

Telephone number Required

Please update my details for the following areas of Council (Select 1 or more options) Required

- rates
- accounts receivable or payable
- dog registration
- health
- building or planning
- other

Complete this field if you made a selection that includes 'other' in *Personal details: Please update my details for the following areas of Council*

Please provide details Required

## Declaration

Complete this field if you selected 'yes' in *Personal details: Are you making this request on behalf of a company or organisation?*

In submitting this form: (Select 1 or more options)

I am duly authorised to act on behalf of the organisation or business named on this request. Required

(Select at least 3 options)

I declare that the information I have provided is true and correct. Required

I am requesting that the City of Hobart forward all future mail to the new postal address above. Required

I agree that by typing my name below I have signed this form. Required

Name of signatory Required

Date Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles and protects the information it collects please refer to the [Privacy Statement and Policy](#).

End of form