GOONDIWINDI REGIONAL COUNCIL

CHANGE OF ADDRESS OR DETAILS NOTIFICATION FORM

To: **Revenue Officer** **LMB 7**
Goondiwindi Regional Council **INGLEWOOD QLD 4387**

PLEASE POST THIS TO THE ABOVE ADDRESS
OR FAX TO - 07 4652 1512
OR EMAIL mail@goondiwindirc.qld.gov.au

YOUR INFORMATION:

NAME: _____

ADDRESS: _____

_____

_____

CONTACT PERSON: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

MOBILE NUMBER: _____ **WORK NUMBER:** _____

RATE ASSESSMENT OR REFERENCE NO.: _____

Signature: _____ **Name:** _____ **Date:** _____

GOONDIWINDI REGIONAL COUNCIL - OFFICE USE ONLY

Signature: _____ **Date:** _____