



# UPPER HUNTER SHIRE COUNCIL CHANGE OF ADDRESS/NAME FORM

**Offices**

Vennacher Street	47 Mayne Street	135 Liverpool Street
Merriwa NSW 2329	Murrurundi NSW 2338	Scone NSW 2337
Phone: (02) 6540 7000	Phone: (02) 6540 1350	Phone: (02) 6540 1100

**Correspondence to:**

P O Box 208  
SCONE NSW 2337

**Email:**

[Council@upperhunter.nsw.gov.au](mailto:Council@upperhunter.nsw.gov.au)

**Web:**

[www.upperhunter.nsw.gov.au](http://www.upperhunter.nsw.gov.au)

ASSESSMENT NO: \_\_\_\_\_  
(OR) DEBTOR NO: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

PROPERTY ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW MAILING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

DELIVER TO EMAIL ADDRESS: (Note: if you wish to have your notices emailed you will not receive a hardcopy in the mail)

EXISTING NAME:  
\_\_\_\_\_

NEW NAME:  
\_\_\_\_\_

**Proof of name change required.** Proof of name change such as Marriage Certificate, Driver's Licence, Medicare Card or similar showing new name to be sighted by UHSC staff.

PHONE NUMBER (Optional):

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

MOBILE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PRIVACY STATEMENT**

The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The intended recipients of the personal information are officers within Council; data service providers engaged by the Council from time to time; and any other agent of the Council.

The supply of the information is voluntary. If you cannot provide or do not wish to provide the information sought, Council may be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppresses your personal information from a public register. Council will consider any such application in accordance with the Act. Council is the agency that holds the information.

Enquiries concerning this matter can be addressed to the Public/Privacy Officer.

**Office Use:** Proof of name change such as Marriage Certificate, Driver's Licence, Medicare Card or similar showing new name to be sighted by UHSC staff. **Proof of name change sighted** YES  NO

**Proof of name change sighted by:** \_\_\_\_\_ **Officer Signature:** \_\_\_\_\_