

Change of Mailing Address for Property Owners and Property Managing Agents

ABOUT THIS FORM

- **Property Owners:** only the property owner, or authorised person such as a power of attorney together with supporting documentation, may request a change of address. If the property owned, is in a company name, please provide a copy of an ASIC company statement showing current directors.
- All records and rate accounts are required to retain a postal address
- The legal responsibility for all associated outstanding amounts including Rates remains, always, with the legal Title Owner(s) of the Property.
- If your account with Council is associated with a legal contract or lease, changes to your account name will require a new agreement. Please contact our staff who will advise the requirements to organise the new agreement with you.
- **Property Managing Agents** also please complete the applicable section at the end of this form; Tick the Declaration and Sign the Form. If this section is incomplete the change of address request cannot be processed.
- **Strata Managing Agents and Owner Corporation Representatives** - Do not complete this Form
 - To be noted as the Strata Manager of a Strata Scheme/Owner Corporation - [Notification of Mailing Address and Details for Strata Schemes and Owner Corporations form](#)

PERSON COMPLETING THIS FORM (Tick as applicable)

- ☐ Property Owner ☐ Property Managing Agent
- ☐ Authorised Person of Property Owner(s) (Supporting documentation required unless previously provided)

CONTACT DETAILS OF PERSON COMPLETING THIS FORM

Print Full Name:

Company/Organisation Name (if applicable)

Email:

Daytime Phone No.

PROPERTY OWNERS FULL NAME(S)

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other.....

Full Name:

Or

Company Name and ABN:

POSTAL ADDRESS FOR FUTURE CORRESPONDENCE (Required)

Mailing Address:

Suburb: Post Code:

GET IN CONTACT

Randwick City Council
30 Frances Street
RANDWICK NSW 2031
ABN: 77 362 844 121

Phone 1300 722 542
council@randwick.nsw.gov.au
www.randwick.nsw.gov.au

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SERVICE

Is the mailing address valid for all Council correspondence? ☐ Yes ☐ No

If No, the change of address is requested for the following services:

- ☐ Rates ☐ Property Owner (Property related correspondence eg DA Notifications, Notices & Orders etc)
- ☐ Licensing (Annual Fire Safety Statement)
- ☐ Other (please specify)

SUBJECT PROPERTY AND SERVICE

Please provide your account details (e.g. Rates Account Number, Property Address, Lot Number Deposited Plan Number (DP), Strata Plan Number (SP), Development Assessment Number, etc.

Service Number (Rates Account Number, DA Number, Others etc)	Property Address or Service Details (Property Address, Lot and DP etc)	Date of last Rates Notice received (For copy of Rates Notice)

HOW TO LODGE THIS FORM

BY EMAIL: council@randwick.nsw.gov.au **BY MAIL** or **IN PERSON** at the Council Customer Service Centre
Randwick City Council 30 Frances Street Randwick NSW 2031 Opening Hours 8:30am – 5:00pm Monday - Friday

All Courier or Personal Deliveries to our Customer Service Centre

PROPERTY MANAGING AGENT DETAILS AND DECLARATION (Required for Managing Agents only)

Property Managing Agent Business Trading Name:

Property Managing Agent **Full** Contact Name:

☐ (Please tick and sign below) I declare that I represent the above Managing Agent and have the authority to receive/collect or provide, property related information and pay Council Rates on behalf of the Property Owner(s)

Signature: Date:.....

PRIVACY NOTIFICATION (required for all including all Managing Agents)

The purpose of collection of this information is for processing your application, keeping records and establishing your identity. Provision of this information is voluntary and is required to assist Council in undertaking its role and Functions under NSW Acts and Regulations. You are entitled to have access to this form to correct or amend it after you have given it to Council. This form will be stored electronically in Council's electronic document management system. Access to this information is restricted to Council Officers. Members of the public will not be provided with access to the personal details contained on this form

Signature:

Print Full Name:.....