Request For Change Of Address



For this form to be accepted, please ensure all relevant fields are completed clearly and in full. Please provide details of all people, properties, accounts and services affected by the address change.

5		Nows/Twee		Firet/Civer	Name of the full	
	urname/Business	s Name/Trust		First/Given	Names (in full)	
Or a martu	Deteile (continue o			- # - (- 1)		
roperty	Details (continue of Valuation N		ап опе ргорепу		ent Number	
	Valuation iv	ullibei		ASSESSIII	ent Number	
Address	s Details					
	Old Address	Details		New Addr	ess Details	
Street No. and Name						
PO Box/ RD No						
Town						
Postcod	e					
Home Phone	Details		Work Phone			
Mobile						
E-mail Address						
	ress you have provi	ded will be used	by Council on a	II further comm	unication with you	,
and all c	other persons/parties	s listed on this fo	rm. Is this corre	ct?	□Y€	s [
	ase fill out more det	ail about this cha	inge in the sect	on below:		
If not ple						
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Additional names to be included in this change are:

	Surname/Business Name/Trust	First/Given Names (in full)
a.		
b.		
C.		
d.		
e.		
f.		
g.		

Additional properties to be included in this change are:

Assessment Number / Customer Number

Privacy Statement

The information provided on this form will be used by Council to ensure that accounts, correspondence and other notices are sent to the correct address. Under the Privacy Act 1993, you have a right of access to your personal information held by the Horowhenua District Council and you are entitled to request that your personal information be corrected.

The completed form and any enquiries should be directed to:

NAR Officer, Horowhenua District Council, Private Bag 4002,126 Oxford Street, Levin.

E-mail to: enquiries@horowhenua.govt.nz