

# Central Tablelands *Water*

ABN 43 721 523 632

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## CHANGE OF ADDRESS FORM

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

File No: 308

Owner(s): \_\_\_\_\_

Phone No:

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**NEW POSTAL ADDRESS:** \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### IMPORTANT INFORMATION

**Please Note:** Water Accounts, in accordance with Section 560 and 561 of the Local Government Act 1993, are issued in the name of the property owner(s). If you direct Council to send Water Accounts to a third party (including tenants or managing agents), please be aware that you (the property owner) will always remain legally liable for the payment of these accounts (regardless of any lease agreements or other agreements you may have with this party).

If Water Accounts are not paid by due dates the water supply may be restricted for non-payment and a fee will be added and payable with any other outstanding account charges before normal water supply will be reinstated.

**I am the property owner of the property and authorise this change of address.**

**X** \_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

**Office Use Only**

- Received over the Counter*
- Received by Mail / Fax / Phone*

*Assessment#:* \_\_\_\_\_

*Pensioner:*    Yes   /   No

**Computer Input Completed:**

*Signature:* \_\_\_\_\_

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