

AUTHORITY FOR CHANGE

Created:

1

I hereby authorise the *Change of Address* details for the following:

Please include Assessment / Debtor Number(s)

Name:	
Rates Assessment Numbers(s):	
Debtor Number(s):	
Other:	
Current Add	ress:
New Addres	s:
Phone:	Mobile:
Email:	i
Name:	
Sign:	
Date:	

Postal Address Northern Areas Council PO Box 120 JAMESTOWN SA 5491 *Email Address* admin@nacouncil.sa.gov.au