Change of mailing address advice



ustomer Ke	eierence Numb	e r (found on the top rig	int-maild corner o	or your reaces	s rvouce)
our connec	tion to the Prop	erty:			
Owner					
] Managing	agent				
roperty Det	tails				
Unit No. Street No. Street			eet		
Suburb				I	Postcode
Owner/s Nar	ne/s				
our Dotoile	(Only the even	ou thoir manasins		n = 0 4h 0 m00	iling adduses)
Your Details (Only the owner or their managing agent ca Ms/Mr/Mrs/Other (please state) Family Name			agent can chai	Given Name	
Lair NI	IStorat Na	Sturent/DO BOY			
Jnit No.	Street No.	Street/PO BOX			
Suburb				Postcode	
Tel (Home/Work/Mobile) Email					
lease chang	e my mailing ac	ldress to			
C/- (Compan	y name if applicab	le)			
Unit No. Street No. Street/PO BOX					
Offic 140.	Street No.	Street/10 BOX			
Suburb					Postcode
Signature				Date//	
		ompany name, copy o			

Privacy Statement

The personal information provided on this form (including your name and other details) will be handled in accordance with the *Privacy and Personal Information Protection Act 1998* and may be available to the public under various legislation. Refer also to the Privacy Statement on Council's website

CM reference: 25/221845 | Last updated: 15/07/2025

Postal address

ABN 80 690 785 443

Bayside Customer Service Centres

PO Box 21, Rockdale NSW 2216

Rockdale Library, 444-446 Princes Highway, Rockdale Westfield Eastgardens, 152 Bunnerong Road, Eastgardens

E council@bayside.nsw.gov.au W www.bayside.nsw.gov.au T 1300 581 299 | 02 9562 1666