

# Request for Change of Address

## Existing Information

Surname or Company Name: \_\_\_\_\_

Full Given Name (No Initials): \_\_\_\_\_

Customer / Billing Number: \_\_\_\_\_ VG Number: \_\_\_\_\_

Old Postal Address: \_\_\_\_\_

## New Address and Contact Information

RAPID No: \_\_\_\_\_ Road Name: \_\_\_\_\_

PO Box / Rural Delivery: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is this address to be used for all your communications with the Southland District Council?  Yes  No

If not, which services relate to this change of address?

- Ratepayer     Food and Liquor     Invoices     Property  
 Dogs     Building / RMA     SIESA     Water Billing

Please list any other person or company this change of address applies to:

\_\_\_\_\_

Additional comments: \_\_\_\_\_

Requested by: \_\_\_\_\_ Signature: \_\_\_\_\_

Received by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Received via  Phone  Letter  Counter  Notice of Sale  Other \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**  
The NAR Officer, Southland District Council,  
PO Box 903, INVERCARGILL 9840

**NAR use only: Copies to:**

- Dogs     Rates