

Application for change of street number and address

Made under the *Local Government Act 1993*
Section 124, Order No. 8.

File Reference:

About this form

This form is used to change existing street numbers and addresses.
Not to be used for the allocation of numbers to newly constructed dwellings.
(Please use Application for street numbering of new dwellings.)

Lodgement & Fees

- The successful alteration of an existing street number or address will cost a total of \$1,612.
- An application fee of \$806 will be requested on submission of this form.
- An additional \$806 administration fee will be requested once your application is successful.
- If the application is unsuccessful, the application fee will not be refunded.

Any questions

Phone Customer Service on (02) 9391 7000 and ask for our GIS Officers.
Visit our website for more information.
https://www.woollahra.nsw.gov.au/property_information/street_address_numbering

To be completed by Council's Cashier and Customer Service Officer. GST is not applicable. <i>Retain your receipt as proof of lodgement of the application.</i> <input checked="" type="checkbox"/> Receiving Officer:..... Date: <input checked="" type="checkbox"/> Cashier:..... Date:	OFFICE USE ONLY		
	Fee type	Fee	Receipt No.
	T36	\$806	
	Total:		

▼ Owner and site details

1. Applicant's name, address and contact details.

Title: Mr Mrs Miss Ms Other:.....

Family name (or company):

Given names (or ABN):

Postal address:

..... Post Code:

Phone (1) (....)..... Fax (....).....

Phone (2) (....)..... E-mail:.....

Contact person (Only if a company etc)

2. Location and title description of the property

Unit, shop or suite:..... Street No:..... Street:.....

Suburb:

Lot(s):..... Section:

Deposited Plan(s):..... Strata plan:

Other:

Please list the current or original address of the subject property. This will help us to correctly identify the land

Get these details from rate notices, property deeds, or Council property maps.

3. New or desired address of the property

Unit, shop or suite: Street No: Street:
Suburb:
Other:

Please list the requested address in as much detail as possible.

4. Reason for requesting change of street number or address

Please list as much detail as possible to help us to accurately assess the request. Use additional pages if required.

Signatures

5. Owner's consent

Must be signed by the owner of the land. If more than one owner, every owner must sign.

If the owner is a company or owner's association this must be signed by a director under common seal.

As owner of the land to which this application relates, I consent to this application. I also give consent for authorised Council officers to enter the land to carry out inspections.

Signature: Date:

Signature: Date:

If you are signing on the owner's behalf as the owner's legal representative, please state the nature of your legal authority and attach documentary evidence.

Signature: Date:

(eg, power of attorney, executor, trustee, company director)

How to lodge this application

Address the application to: The General Manager
Woollahra Municipal Council

You can send it to us by any of the following methods

Post: PO Box 61
Double Bay 1360

DX: DX 3607 Double Bay

Courier or personal delivery: Council Chambers
536 New South Head Road
Double Bay NSW 2028

How to contact us by phone, fax or electronically

Phone: (02) 9391 7000

Fax: (02) 9391 7044

Email: records@woollahra.nsw.gov.au

Web: www.woollahra.nsw.gov.au

Who to contact: The GIS Officer handling your application in the IT Department.

If you wish to discuss a proposal with one of our GIS officers, it's essential that you arrange an appointment. We recommend that you consult with a Council GIS officer before lodging this application.

Payment methods

Pay by cash or cheque. Make cheques payable to 'Woollahra Council' for the relevant Council fees. Separate cheques are required for any integrated development application. Do not send cash in the mail.

Acknowledgement

You will receive a receipt specifying the amount of fees paid. We will acknowledge that we have received your application and provide you with the registered number of the application and the name of the officer who will be dealing with your application.

Making a personal visit?

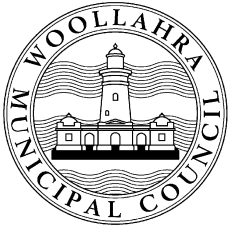
Woollahra Council is located at 536 New South Head Road, Double Bay. We look forward to seeing you.

Bus or Rail: Train to Edgecliff and take the bus or walk from the interchange at the Edgecliff Centre.

Parking: Short term customer parking spaces are available on site. On street parking in nearby streets is also available.

Privacy notification

The personal details requested on this form are being collected, and will only be used for, the purpose of processing your application and establishing your identity. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. You may also request Council to suppress personal information from a public register.



Credit Card Payment Form

All credit card payments will incur a processing fee, currently 0.55%

Payments should be sent to: Woollahra Council
536 New South Head Road
DOUBLE BAY NSW 2028

OR

PO Box 61
DOUBLE BAY NSW 1360

OR

DX 3607 DOUBLE BAY

Credit card payment

This matter will not be processed until the credit card payment has been authorised.

Tick Applicable Credit Card	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DINERS CLUB	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA													
Full Name on Credit Card																	
Credit Card No.				-					-					-			
Card Expiry Date			-			Total Amount Paid	\$										
Cardholder's Signature																	
Date					Contact Phone No.												

Reason for payment

Please indicate in this section the reason for the payment and any other applicable information.

Payment For _____

Council Reference eg DA No etc _____

Address (where applicable) _____

PRIVACY NOTIFICATION

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OFFICE USE ONLY	Payment Processed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cashier	_____	
	Date	_____	