Change of street numbering / address

Made under the Local Government Act 1993 Section 124, Order No. 8. **Effective from July 2025 to June 2026**

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 $1,926.80
- An application fee of $963.40 will be requested on submission of this form.
- An additional $963.40 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/Services/Rates-and-property/street-address-numbering

Applicant's details *(Applicant's name, address and contact details)*

ABN / ACN:			
Full name:			
Address:			
Phone:		**Email:**	
Contact name:			

If you are signing on the owner's behalf as the owner's legal representative, please state the nature of your legal authority in the Contact name field and attach documentary evidence. (e.g. power of attorney, executor, trustee, company director).

Current address, title or location of the property *(Find these details from Council maps, deed or rates notice)*

Address:			
Lot(s):		**Section:**	
Deposited plan(s):		**Strata plan:**	
Other:			

New or desired address of the property *(Please list the requested address in as much detail as possible.)*

Reason for requesting change of street number or address

Applicant's declaration and signature

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

Signature:		**Date:**	
Signature:		**Date:**	

Lodgement details

Mail to:	Woollahra Municipal Council PO Box 61 Double Bay 1360	**In person:**	Council Chambers 536 New South Head Road Double Bay NSW 2028
Email:	records@woollahra.nsw.gov.au	**Telephone:**	(02) 9391 7000
Website:	www.woollahra.nsw.gov.au		

Privacy and conditions of use

For more information about Privacy & Personal Information Policy: www.woollahra.nsw.gov.au/privacy.

Payment methods:
Payment can be made at our Customer Service Department by the following methods: cash, EFTPOS, Money Order cheque (make cheques payable to Woollahra Council), or credit card – American Express, MasterCard or Visa.

Credit card payments will incur a processing fee.

OFFICE USE ONLY

To be completed by Council's Cashier and Customer Service Officer

GST may be applicable (refer receipt)

Retain your receipt as proof of lodgement of the application

Fee type	Fee	Receipt code
Application fee	$963.40	T36
Total		

Cashier: **Date:**

Payment methods

Payment in person at Council's Customer Service Centre can be made in cash, EFTPOS, cheque or money order or credit card (American Express, MasterCard and Visa).

Payment details

All credit card payments will incur a processing fee of 0.55%.

Separate cheques are required for integrated development fees to the relevant body. Cheques and money orders are payable to **Woollahra Council.**

Payments should be sent to Woollahra Council at: 536 New South Head Road DOUBLE BAY NSW 2028;
PO Box 61 DOUBLE BAY NSW 1360

Privacy notice

The personal information in this form is required under the Environmental Planning and Assessment Act 1979 and will only be used for processing of payments. If you do not provide the information, Council will not be able to process your payment and application. Payment information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may request amendment of any personal information held by Council that is incorrect.

Payment particulars

Payment for:	
Council reference:	
Application address:	

Credit card details

Card type: ☐ Visa ☐ MasterCard ☐ American Express

Card number:			
Cardholder name:		**Expiry date:**	
Total amount paid $:		**CVV:**	
Cardholder signature:		**Contact number**	

OFFICE USE ONLY

Cashier's name:		**Cashier's signature:**	
Payment processed:	Yes ☐ No ☐	**Date:**	