

Change of postal address request



City of HOBART

When to use this form

Use this form if you would like to change your current postal address. Please indicate on the form all areas of Council that you would like this change to apply to.

Required updates

Please update my details for the following areas of Council: (Select 1 or more options) Required

- rates
- accounts receivable or payable
- dog registration
- health
- building or planning
- other

Answer this question if you made a selection that includes 'other' in *Required updates > Please update my details for the following areas of Council*:

Please provide details Required

This information applies if you made a selection that includes 'rates' in *Required updates > Please update my details for the following areas of Council*:

If you would like to get your rates notice via email, please go to [eNotices](#) to register.

Your details

Are you making this request on behalf of a company or organisation? (Select 1 option) Required

- yes
- no

Answer this question if you selected 'yes' in *Your details > Are you making this request on behalf of a company or organisation?*

What is the name of the company or organisation? Required

Answer this question if you selected 'yes' in *Your details > Are you making this request on behalf of a company or organisation?*

What is your position within the company or organisation? Required

First name Required

Last name Required

Answer this question if you made a selection that includes 'rates' in *Required updates > Please update my details for the following areas of Council:*

Property ID (you can find this on the top right corner of your rates notice)

Property address Required

New postal address Required

Email address Required

Telephone number Required

Declaration

Answer this question if you selected 'yes' in *Your details > Are you making this request on behalf of a company or organisation?*

In submitting this form: (Select 1 or more options)

I am duly authorised to act on behalf of the organisation or business named on this request. Required

(Select at least 3 options)

I declare that the information I have provided is true and correct. Required

I am requesting that the City of Hobart forward all future mail to the new postal address above. Required

I agree that by typing my name below I have signed this form. Required

Name of signatory Required

Date Required (submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles and protects the information it collects please refer to the [Privacy Statement and Policy](#).

End of form