

REAL ESTATE REDIRECTION

PROPERTY ADDRESS:		
OWNERS NAME:		
OWNERS POSTAL ADDRESS:		
OWNERS CONTACT NO:		
Please note if the mailing addres update to the supplied mailing a		er is different to the above, Council will
BEING FOR: (please circle):		
	TYPE	Do you require a copy of the most recent account?
	Water only	YES / NO
	Rates only	YES / NO
	Rates and Water	YES / NO
TO DE DEDIDECTED TO		
TO BE REDIRECTED TO:		
AUTHORISED BY:		
DATE:		_
Please return the form to Counci	l, if emailing the form please	return to
council@inverell.nsw.gov.au		