

# Application to change address



**PLEASE NOTE:** It is your responsibility to ensure that you complete this form accurately and provide the correct information. By submitting this form you confirm that you are authorised to make address changes. Failure to provide accurate and complete information may result in processing delays or non acceptance. G-MW accepts no liability for any instruction that does not comply with these conditions. Should you require further information please visit our website at: [www.g-mwater.com.au](http://www.g-mwater.com.au) or phone us on: (03) 5833 5500

1. Water Allocation Bank Account No.:	<input type="text" value="A"/> <input type="text" value="B"/> <input type="text" value="A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Property No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Service Point / Outlet No.:	<input type="text"/>	Water Share No.:	<input type="text" value="W"/> <input type="text" value="E"/> <input type="text" value="E"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>PLEASE NOTE:</b> At least <b>three</b> of the above fields should be completed			

2. Do you require your address details to be updated for <b>ALL</b> G-MW Properties in the same ownership?	<b>YES</b>
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3. <b>PREVIOUS POSTAL ADDRESS:</b>	<b>CURRENT POSTAL ADDRESS:</b>
Address Line 1: <input type="text"/>	<input type="text"/>
Address Line 2: <input type="text"/>	Address Line 2: <input type="text"/>
<input type="text"/>	<input type="text"/>
State: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. Phone Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fax Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email Address: <input type="text"/>

5. **PLEASE NOTE:** **ALL** owners must sign. If the owner is a Company, Syndicate or Committee etc. the name must be specified below along with your capacity to sign (e.g. Director, Secretary)

Company Name:

Full Name:	Signature: <small>(or name of person submitting this form)</small>	Capacity to Sign: <small>(e.g. Owner, Director, Secretary)</small>	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>PLEASE RETURN FORM TO:</b>	Goulburn-Murray Water PO Box 165 TATURA VIC 3616	<b>OR</b>	Fax: (03) 5833 5501
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