

Rural Addressing Number APPLICATION FORM

GLEN INNES SEVERN COUNCIL	Office Use:							
PO Box 61	Sent to SS:		Date:	Date: Apr		ved by SS:		Date:
GLEN INNES NSW 2370 Phone: (02) 6730 2350	New Address:							
Fax: (02) 6732 3764					Rates Notified:			Date:
Email: council@gisc.nsw.gov .au	Six Maps Upd	ated:	Date:		Le	tter Sent:		Date:
Owner Name:								
Current Address:								
Suburb / Locality:					Postcode:			
Phone (h):					Phone (w):			
Phone (m):								
Do you want yo	our postal address o	changed to you	ır new pro	operty a	ddress after t	he rural nur	mber has been all	ocated?
Yes	□ No							
Site Details (for new	address number)							
Street Name:								
Assessment:								
Lot Number:				DP/S	P Number:			
Unique Identifier:								
Application is	part of a DA/CC:	Yes □ / N	lo 🗆		DA/CC No:			
Sketch of Lot (pleas		, in the second		·				
Owners Signature:					Date:			
Note: Street Number own expense. This	-						-	