



# F8674 - Request for Change of Address or Name

ABN: 89 791 717 472

**Postal address**  
PO Box 953  
CABOOLTURE QLD 4510

**Unitywater**  
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Fax: (07) 5431 8288

**Internet**  
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[data.maintenance@unitywater.com](mailto:data.maintenance@unitywater.com)

**Account Number:** \_\_\_\_\_

**Current details:**

Name Applicant 1: \_\_\_\_\_

Name Applicant 2: \_\_\_\_\_

Property Address: \_\_\_\_\_

Current Postal Address: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**New contact details:**

New postal address: \_\_\_\_\_

New daytime contact number: \_\_\_\_\_ Mobile: \_\_\_\_\_

New residential address: \_\_\_\_\_

Email: \_\_\_\_\_

If this is a company or trust, do you have the authority to make this change?  No  Yes – Please specify details

Position in Company: \_\_\_\_\_ Your name: \_\_\_\_\_

**Change of Name:**

Please tick the appropriate box and supply supporting documentation e.g. Marriage Certificate, Death Certificate, etc.

**New Name:** \_\_\_\_\_

**Reason for change:**

- |  |   |
|--|---|
| <input type="checkbox"/> Spelling Correction | <input type="checkbox"/> Suppression of Details       |
| <input type="checkbox"/> Marriage            | <input type="checkbox"/> Deceased Estate              |
| <input type="checkbox"/> Divorce             | <input type="checkbox"/> Other – Please specify _____ |

**Signature:** \_\_\_\_\_

**Privacy statement**

Unitywater is collecting your personal information for the purpose of providing the requested service. The collection of this information is authorised under the South East Queensland Water (Distribution and Retail Restructuring) Act 2009. Your information will not be given to any other person or agency unless required by law or we have your permission in writing.