



Form

Change of Tenancy Form

FCS-008

Revision 01

Property No: _____

Tenant No: _____

Name of Tenant: _____
(First Name) (Surname)

Supply Address: _____

Township: _____ Phone: _____

Agent: _____

Owner: _____

Date Commenced: _____ Date Vacated: _____

Previous Rental Address: _____ Forwarding Address: _____

Will they be a tenant at this forwarding address? **Yes / No**

Centrelink Customer Ref. No. (CRN): _____

I would like to pay by Centrepay? Yes / No Amount: \$ _____ per fortnight

Date of Birth: _____

Note: - if you wish to pay by Centrepay, a contact number must be provided: _____

Referee's Name: _____

Address: _____

Telephone: _____ Relationship: _____

Note: - referee may be contacted during occupancy to confirm the details provided are true and correct.

Applicant's Signature: _____ Date: _____

Office Use Only

Meter No.....	Commencement	Vacating
Date to be Read	/ /	/ /
Reading		
Previous Reading		
Used		
Charge		

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