



Customer Service

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P: 02 6778 6300

F: 02 6778 6349

E: council@uralla.nsw.gov.au

32 Salisbury St, Uralla NSW 2358

PO Box 106, Uralla NSW 2358

FESL Request for Reclassification FORM

Owner Details

Assessment Number:

Current Owner (1) Mr Mrs Miss Ms Dr Other

Surname:

Given Names:

Current Owner (2) Mr Mrs Miss Ms Dr Other

Surname:

Given Names:

Company / Property Name

Property Address:

Property Use:

Current Classification:

Reason for request/objection:

Recommended Classification:

Contact Details

Contact Details

Postal Address

Home Phone:

Postal Address:

Mobile:

Suburb:

Email:

State:

Postcode:

Signature: _____ Date: _____

Declaration

I declare the information I have provided is correct.

Signature: _____ Date: _____

Office Use Only Objection Accepted: Yes/No

Objection Accepted by: _____

Classification Details Amended by: _____

Date: _____

Owner Notified: _____