



Warrnambool City Council Name & Address Register (NAR)

Request for the Creation of a New Record

Council is collecting the information on this form so that it may consider your application. The information is only used by Council for this purpose and will not be disclosed unless required by law.

HEALTH UNIT

Please complete all the following details:

Trading Name of Business

Business details:

Telephone: (Business).....(fax).....(mobile).....

Email Address

Postal Service Address.....

Town.....State.....Postcode.....

Business Address (if different to service).....

Town.....State.....Postcode.....

If applicable:

ABN.....

ACN.....

Print Name.....Date.....

Signature of applicant.....Date.....

OFFICE USE ONLY

Print Name of Officer Submitting: Date

NARO: Print name.....Date.....

PLEASE SEND NEW DEBTOR NUMBER TO HEALTH UNIT
