



Owner Name(s)*			
Property Address*			
Unit Plan #*	Block*	Section*	Division*
Account number*  Please note you will need to contact the Icon water to retrieve your account number if not known.		Lease commencement date*	
Sewerage Rates for t	e ICON Water to redirect all no he above property. The Propert nts, they will however make pay	y Collective are a for	warding address only and are not
Please forward all no	otices and correspondence to: i	nvoicespm@theprop	pertycollective.com.au
Owner Signature		Date	

\*Required information, please note if you do not fill out all required fields we cannot process your redirection.

THE PROPERTY COLLECTIVE