

# Wesley Uniting Church – Parking Facilities

**Parking Space # .....**

(Space # not required if a Wesley UC member)

**Change of Details Request** Signed by applicant.....Date.....

*First Name		*Last Name	
*Address (Home and PO Box – if applic.)			
*Mobile Number		*Vehicle Rego No.	
*Work Number (with Extn)		Date to Commence	
*Email Address			
*EFT (Circle)	Annual/6 mthy/Qtrly/Mthy on 1 <sup>st</sup> .....(month/year)		
Office Use Only	Date of Register Update		
	Security Card & Deposit	Card delivered.....	Deposit Rec'd.....

Items marked \* are mandatory. If Invoice is payable by employer supply Name, Contact & Address on back

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