

LEGAL PRACTICE COMMITTEE OF QUEENSLAND

**OFFICE: Brisbane
NUMBER:**

Applicant: **LEGAL SERVICES COMMISSIONER**

AND

Respondent: ***INSERT NAME***

NOTICE OF ADDRESS FOR SERVICE

TAKE NOTICE that the respondent has the address for service set out below.

Filed in the Brisbane on / /

Secretariat:

PARTICULARS OF THE RESPONDENT:

Name:

Respondent's residential address:

Respondent's solicitors name:

Firm name:

Address:

Address for service:

Dx (*if any*):

Telephone:

Fax:

E-mail address (*if any*):

If the respondent has no solicitor:

Respondent's address for service:

Respondent's telephone number or contact number:

Respondent's fax number (if any):

Respondents email address (if any)

Signed:

Description:

Dated: