

Property Information Inquiry Form 2023-24 Please address all correspondence to: The General Manager, PO Box 249, Coonamble NSW 2829 Phone: (02) 6827 1900 Email: council@coonambleshire.nsw.gov.au

## **Applicant Details:**

Name:			
Phone number:	E	mail:	
Acting for:	ser 🗆 Proprietor	∃ Vendor	
Certificates Required:			
<ul> <li>Section 10.7 (2) Certifica</li> <li>Section 10.7 (2 &amp; 5) Cer</li> <li>Section 10.7 (2 &amp; 5) Buil</li> <li>Drainage Plan (Internal)</li> <li>Sewer Plan (External)</li> <li>735(A) Outstanding Notional</li> </ul>	tificate \$156 ding Entitlement \$156 \$63.25 \$115.10	<ul> <li>S608 Certificate</li> <li>Certificate of Rates (S603)</li> <li>Water Meter Read</li> <li>Urgency Fee (within 24 hours)</li> <li>Informal request to view file</li> </ul>	\$70 \$95 \$107.10 \$123.90 \$60
Property Location Details	:		
Parish:	County:	Town/Village:	
House Number:	Street Name:	Nature of Property:	
Legal Description:			
Lot Number:	Deposited Plan (D	P) Number:	
Portion:	Section:	Folio/Volume:	
Council Assessment Numb	er:		
Registered Proprietor's/V			
Proprietor's Full Name: Occu		Occupant's Name:	
Proprietor's Full Address:			
Please print, sign and return to Coona	amble Shire Council		
Signature of Applicant:		Date: / /	
Office Use Only Received:	Receipt	#: Asst #:	

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