

ELECTRONIC FORMS:

Press TAB to move forward or SHIFT+TAB to move back.
 Press X on the keyboard to CROSS a box (to remove, press X again).

Please print clearly in BLOCK LETTERS with a black pen. Please cross the appropriate boxes.

Payment is required with lodgement of this application.
 For credit card payments, phone 6499 2222.

Please cross certificate you require: STANDARD \$95* PRIORITY 24 hours \$192 PRIORITY 3 hours \$231
 *allow 5 business days

2 Applicant's name

Applicant's name (s) Full name _____
 Applicant's postal address Street or PO _____
 Town/Locality _____ State _____ Postcode _____
 Daytime contact details Phone _____ Mobile _____
 Fax No. _____ Email _____
 Solicitor's DX No _____ Solicitor's reference _____

3 Property location

Property address Lot No. _____ Sec _____ DP/SP _____
 to which this enquiry House/Unit No. OR Street _____ Town/Locality _____
 relates property name _____ Parish _____ County _____ Postcode _____
 Nearest cross street(s) _____ Side of street _____
 Vacant lot Yes No Nature of land (house factory/units/farm etc) _____
 Frontage _____ metres Depth _____ metres Area (sqm or HA) _____

4 New subdivisions

Subdivider's name (s) Full name _____
 Street name before subdivision _____ Certificate No. _____
 Lot No. _____ Sec _____ DP _____
 Area and/or dimensions _____

5 Other references

Reference type SPECIFY eg Folio No., Deed No. or Crown tenure No. _____ Other No. _____

6 Registered proprietor's/vendor/purchaser details

Registered proprietor(s) Full name _____
 Address _____ Postcode _____
 Purchase price \$ _____ Purpose of enquiry _____
 Vendor(s) Full name and address _____
 Purchaser(s) Full name _____
 Address _____ Postcode _____

DATE REQUESTED		PHONE		FAX	
FIRM		CONTACT		ADDITIONAL	


SEND APPLICATION TO Bega Valley Shire Council, DX 4904, Bega NSW 2550

OFFICE USE ONLY

Direct debit Pension

Assessment No. _____
 Property description. _____
 Receipt No. _____
 Receipt date _____
 Print CS staff name _____

Last water meter read. _____
 Certificate No. _____
 Receipt type 216 Allocation No. _____
 603 Certificate fee \$ _____



REGISTRATION STAMP

Version 1/06