

**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

☐ PRIORITY 24 hours

☐ PRIORITY 3 hours

\*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 property name \_\_\_\_\_ Street \_\_\_\_\_ Town/Locality \_\_\_\_\_  
relates 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 \_\_\_\_\_ Other No. \_\_\_\_\_  
No. or Crown tenure 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



Assessment No. \_\_\_\_\_  
Property description. \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Receipt date \_\_\_\_\_  
Print CS staff name \_\_\_\_\_

☐ Direct debit ☐ Pension

Last water meter read. \_\_\_\_\_  
Certificate No. \_\_\_\_\_

Receipt type 216 Allocation No. \_\_\_\_\_  
603 Certificate fee \$ \_\_\_\_\_

REGISTRATION STAMP