

## BLAYNEY SHIRE COUNCIL SECTION 603 CERTIFICATE

Telephone (02) 6368 2104 ABN 47 619 651 511

IMPORTANT				OFFICE USE ONLY		
Complete all parts requested						
Insufficient information may result in the retur			rn of this fo	orm	Date Received	Receipt No
TO:	Blayney Shire Council PO Box 62				Fee \$100.00	Urgency Fee 81.00
FDOM	BLAYNEY NSW 2799 Insert Applicant's Full Name & Address			\$100.00	01.00	
FROM: Insert Applicant's Full Name			a madroc			
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APPLICANT'S REF	ERENCE					
APPLICANT'S EM/	AIL					
SETTLEMENT DA	TE					
PLEASE INDICATE IF YOU WOULD LIKE THE CERTIFICATE TO BE COLLECTED OR EMAILED						
PROPERTY LOCATION						
PARISH						
COUNTY						
AREA (HA)						
STREET/ROAD No.						
STREET/ROAD NAME						
LOCALITY (suburb/town/village/district)						
COUNCIL'S ASSESSMENT No						
SECTION No.						
PORTION No.						
LOT No (s)						
DEPOSITED PLAN NO.						
PROPRIETOR'S FULL NAME & ADDRESS						
PURCHASER'S FULL NAME & ADDRESS						
Applicant's Signature			l	Acting For (Vendor	/Purchaser)	Date
Phone number				Fax number		