Administration Building: 180 Mort Street Lithgow **Postal Address:** PO Box 19 Lithgow NSW 2790

Phone: (02) 63549999

Email: <u>council@lithgow.nsw.gov.au</u> **Web:** www.lithgow.nsw.gov.au

ABN: 59 986 092 492



Return of Property Section 30 Public Spaces (Unattended Property) Act 2021

Please complete all sections and when completed please submit this form to Council.

NOTE:

- 1. Use this form to apply for the return of property taken possession of by Council, excluding the release of impounded companion animals.
- 2. This notice is to be accompanied by the fee(s) determined by Lithgow City Council as per Council's Fees and Charges.

Owner - If the owner is a company, the ACN and company seal must be stamped here. All owners

3. Council will not release any item until all fines and fees are paid in full.

Applicant Details:

must give consent.

Full Name (or company name):

Address:

Phone Number:

Email:

Owners Agent – If the owner is a company, then the company must nominate an agent to collect the article(s).

Full Name (or company name):

Address:

Phone Number:

Email:

| Description of Property: | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Please provide a detailed description of each article you are claiming. | | | | | | | | | |
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Declaration and Signature:

Owners Declaration:

I the person/corporation whose details appear above, of the abovementioned address in the state of New South Wales do solemnly and sincerely declare that I am the owner of those articles as detailed by myself in the "Description of Property" above.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provision of the *Oaths Act of 1900*.

| Subscribed and declared before me: | |
|--|--|
| Justice of the Peace: | |
| Date: | |
| Signature of JP: | |
| Signature of Owner: | |
| Owners Agent Declaration: | |
| I, as the declared owner of those articles detailed b | y myself in the "Description of Property" above and |
| whose signature appears below, nominate the person | on identified on page 1 as my agent for the purposes |
| of my application (Agent must sign below). | · - |
| Agents Signature: | |
| Date: | |
| Owners Signature: | |
| Date: | |
| PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE By completion of this form, you may be providing Council with per a lawful purpose directly related to the function of Council. Inform of Council's business operations. We will take reasonable care in come under the Government Information (Public Access) Act 20 | ersonal information. Council will collect the information only for mation provided to Council may be used in conjunction with any not to disclose personal information. Exempt documents may |
| OFFICE USE ONLY | |
| DATE REVEIVED:// | RECEIPT NO.: |
| | |
| RECEIVED BY: | AMOUNT PAID: |
| RECEIPTED BY: | COST ACCOUNT: |
| SIGNATURE: | |
| NOTES: | |

| Maintained By Dept: | ENV | Effective Date: | Review Date: |
|---------------------|-----|-----------------|--------------|
| Version: | 2 | July 2023 | July 2026 |