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WOC NUMBER: _____

APPLICATION FOR WORK AT OWNERS COST PAYMENT AUTHORITY

APPLICANTS NAME: _____

ADDRESS: _____

TELEPHONE: _____ **MOBILE:** _____

As the applicant of this request for a Work at Owners Cost (WOC), I acknowledge that I am the person/company responsible for the payment of invoices issued for work requested and/or store items issued.

NAME: _____ **SIGNATURE:** _____

POSITION HELD: _____ **DATE:** ____/____/____

PROPERTY DETAILS

OWNERS NAME: _____

ADDRESS: _____

LOT/SECTION/DP: _____ **PROPERTY NO:** _____

DEVELOPER/CONTRACTOR DETAILS

COMPANY NAME: _____ **NAME OF PERSON:** _____

ADDRESS: _____

TELEPHONE: _____ **MOBILE:** _____

DESCRIPTION OF WORKS

NATURE OF WOC

- (Tick appropriate box)
- General
 - Sewerage
 - Water (Complete Water Service Connection Application Overleaf)

FOR OFFICE USE ONLY

FEE PAID \$ _____ **ACCOUNT NO:** _____
RECEIPT NO: _____ **WATER METER NO:** _____
DATE: _____

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.

Maintained by Dept:	Finance	Effective Date: September 2011	Review Date: September 2015
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