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

**Phone**: 63549999 **Fax**: 63514259

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ABN: 59 986 092 492



## APPLICATION FOR 602 CERTIFICATE LOCAL GOVERNMENT ACT 1993

NAME OF APPLICANT:			
POSTAL ADDRESS:			
TELEPHONE NO:		FAX:	
This application is made to Lithgow	City Council for a Section	602 Certificate of the Loca	ll Government Act 1993.
APPLICATION FEE IS ENCLED PLEASE TICK BOX IF A RE			
PROPERTY DESCRIPTION			
LOT:	DP:	PORTION:	
SECTION:	PARISH: _		
HOUSE NO:	STREET:		
LOCATION:			
OWNERS NAME (If Known):			
APPLICANT/S SIGNATURE:			
PRIVACY & PERSONAL INFORMATION PR By completion of this form you may be providin the function of Council. Information provided to disclose personal information. Exempt documen	g Council with personal information. Council may be used in conjunction	with any of Council's business oper	rations. We will take reasonable care not to
OFFICE USE ONLY			
DATE RECEIVED:/	_/	RECEIPT NO:	
CREATED BY:		AMOUNT PAID:	\$
RECEIPTED BY:		DATE PAID:	
PRODUCED BY:		CERTIFICATE NO:	602 <u>-</u>
CHECKED BY:		PROPERTY NO:	
NOTES:		DATE POSTED:	

Maintained by Dept:	Finance	Effective Date: JUNE 2013	Review Date: JUNE 2014
Version: 3			