

Administration Building: 180 Mort Street Lithgow
Postal Address: PO Box 19 Lithgow NSW 2790
Phone: (02) 63549999
Fax: (02) 63514259
Email: council@lithgow.nsw.gov.au
Web: www.lithgow.nsw.gov.au
ABN: 59 986 092 492



**CERTIFICATE UNDER 735A
LOCAL GOVERNMENT ACT 1993
OUTSTANDING NOTICE/ORDERS**

NAME OF APPLICANT: _____

POSTAL ADDRESS: _____

TELEPHONE NO: _____ FAX: _____

APPLICANT/S REFERENCE: _____

This application is made to Lithgow City Council for a Section 735A Certificate of the Local Government Act 1993.

- APPLICATION FEE IS ENCLOSED HEREWITH.
 PLEASE TICK BOX IF A RECEIPT IS REQUIRED.

PROPERTY DESCRIPTION

DISTRICT/TOWN/VILLAGE: _____

HOUSE NO: _____ STREET: _____

LOT: _____ DP: _____ PORTION: _____

SECTION: _____ PARISH: _____

COUNTY: _____ NEAREST CROSS STREET: _____

NATURE OF PROPERTY: _____
(Vacant Land, house, temporary residence etc)

OWNER/S FULL NAME AND ADDRESS: _____

PURCHASER/S NAME: _____

APPLICANT/S SIGNATURE: _____ 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.

OFFICE USE ONLY

DATE RECEIVED: ____/____/____

CREATED BY: _____

RECEIPTED BY: _____

PRODUCED BY: _____

CHECKED BY: _____

MANAGER SIGNATURE: _____

NOTES: _____

RECEIPT NO: _____

AMOUNT PAID: \$ _____

DATE PAID: ____/____/____

CERTIFICATE NO: O/S NOT - _____

PROPERTY NO: _____

DATE POSTED: ____/____/____

Maintained by Dept:	Finance	Effective Date: JUNE 2013	Review Date: JUNE 2014
Version: 2			