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.auWeb:www.lithgow.nsw.gov.au

ABN: 59 986 092 492



Release of Impounded Article(s) Section 23 Impounding Act 1993

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

NOTE:

- 1. Use this form to apply for the release of Impounded Articles, 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:

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 Impounded Article(s)" 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 by r	myself in the "Description of Impounded Article(s)
above and whose signature appears below, nominate	e the person identified on page 1 as my agent for
the purposes of my application (Agent must sign belo	w).
Agents Signature:	
Date:	
Owners Signature:	
Date:	_
PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE	
By completion of this form, you may be providing Council with pers	
a lawful purpose directly related to the function of Council. Information of Council's business operations. We will take reasonable care not	
come under the Government Information (Public Access) Act 2009	· ·
	,
OFFICE USE ONLY	
DATE REVEIVED://	RECEIPT NO.:
RECEIVED BY:	AMOUNT PAID:
RECEIPTED BY:	COST ACCOUNT:
SIGNATURE:	
NOTES:	

Maintained By Dept:	ED&E	Effective Date:	Review Date:
Version:	1	September 2021	September 2023