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

**Phone:** (02) 63549999 **Fax:** (02) 63514259

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ABN: 59 986 092 492



## APPLICATION FOR 603 CERTIFICATE LOCAL GOVERNMENT ACT 1993

NAME OF APPLICANT:						
POSTAL ADDRESS:						
TELEPHONE NO:	ELEPHONE NO: EMAIL:					
APPLICANT/S REFERENCE:						
This application is made to Lithg  Normal 603 Certificate  URGENT 603 Certificate	ow City Council	for a Section 603 Certificate of the Local Government Act 1993.				
PROPERTY DESCRIPTION						
DISTRICT/TOWN/VILLAGE:						
HOUSE NO:	STREET:					
LOT:	DP:	PORTION:				
SECTION:		PARISH:				
COUNTY:	NEAREST CROSS STREET:					
NATURE OF PROPERTY: OWNER/S FULL NAME AND A	(Vacant Lan	nd, house, temporary residence etc)				
PURCHASER/S NAME:						
APPLICANT/S SIGNATURE:		DATE:/				
he function of Council. Information provide	ding Council with perd d to Council may be u	PICE resonal information. Council will collect the information only for a lawful purpose directly relatured in conjunction with any of Council's business operations. We will take reasonable care not the Government Information (Public Access) Act 2009.				
OFFICE USE ONLY		RECEIPT NO:				
		AMOUNT PAID: \$				
NOTES:						
		PROPERTY NO:				
		SIGNATURE:				
		DATE POSTED:/				
		<del></del>				

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