



# APPLICATION FOR CONVEYANCE REPORT ON SITE SEWAGE MANAGEMENT SYSTEM 2017/18

KYOGLE COUNCIL: PO Box 11 Kyogle 2474  
Ph: (02) 66321611 Fax: (02) 66322228

<b>APPLICANT:</b>		
<b>ADDRESS:</b>		
<b>PHONE NUMBER:</b>		
<b>FAX NUMBER:</b>		
<b>REFERENCE:</b>		
<b>OWNER(S) NAME:</b>		
<b>ADDRESS:</b>		
<b>ASSESSMENT NUMBER:</b>		
<b>LOT</b>	<b>DP</b>	<b>PARISH</b>
<b>PROPERTY LOCATION:</b>		
<b>Registered System Licence No:</b>		
<b>Purpose for which information required:</b>		
<b>Prepurchase inspection required?</b>	<b>Yes / No</b>	

**Conveyance fee \$58.00**

**with inspection \$188.00**

<b>SIGNATURE OF APPLICANT</b>
<b>DATE:</b>

OFFICE USE ONLY

<b>RECEIPT NO.</b>	<b>\$</b>	<b>DATE</b>
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