



APPLICATION FOR CONVEYANCE REPORT ON SITE SEWAGE MANAGEMENT SYSTEM 2019/20

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

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

Conveyance fee \$60.00

with inspection \$194.00

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| SIGNATURE OF APPLICANT |
| DATE: |

OFFICE USE ONLY

| | | |
|--------------------|-----------|-------------|
| RECEIPT NO. | \$ | DATE |
|--------------------|-----------|-------------|