



APPLICATION FOR CONVEYANCE REPORT ON SITE SEWAGE MANAGEMENT SYSTEM 2026/27

KYOGLE COUNCIL: PO Box 11 Kyogle 2474

Ph: (02) 66321611 Fax: (02) 66322228

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 \$75.00 with inspection \$241.00

SIGNATURE OF APPLICANT
DATE:

OFFICE USE ONLY

RECEIPT NO.	\$	DATE
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