



Lithgow City Council

180 Mort Street, Lithgow
PO Box 19 Lithgow NSW 2790
Phone: 02 6354 9999 Fax: 6351 4259
ABN: 59 986 092 492

APPLICATION FOR SECTION 603 CERTIFICATE LOCAL GOVERNMENT ACT 1993

Name of applicant: _____

Postal Address: _____

Telephone: _____ Fax: _____

Applicant's reference: _____

This application is made to Lithgow City Council for a Section 603 Certificate of the Local Government Act, 1993. Enclosed is our cheque for \$65.00.

Description of Property:

District/Town/Village: _____

House No.: _____ Street: _____

Lot: _____ DP: _____ Portion: _____

Section: _____ Parish: _____

County: _____ Nearest cross street: _____

Nature of property: _____

(Whether vacant land, house, temporary residence, etc)

Owner/s full name and address: _____

Purchaser/s Name: _____

Applicant/s signature: _____ Date: / /

Office Use Only			
Fee paid: \$65.00	Receipt No.:	Signature:	Date / /

PRIVACY AND PERSONAL INFORMATION PROTECTION NOTICE.

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.