

# APPLICATION FOR CERTIFICATE UNDER SECTION 603

OFFICE USE ONLY

RECEIVED

RECEIPT No.

1.

**TO:**  
INSERT  
AUTHORITY'S  
FULL NAME &  
ADDRESS

**FROM:**  
INSERT  
APPLICANTS  
FULL NAME &  
ADDRESS

**EMAIL:**  
(Mandatory)

See Guide for Single Authority Inquiries for details of authorities, items and fees

Authority item(s) 603  
Certificate / Special  
Meter Reading  
(circle required document)

Total Fee: \$

Applicant's Reference

OSR Client ID

Phone:

Fax:

ABN:

## 2. PROPERTY LOCATION

Local Council:

Parish:

County:

Locality:

House No:

Street Name:

Nature of Property:

Area of Property (Sq M or Ha):

## 3. LEGAL DESCRIPTION

Lot/Section (if applicable) / DP

or SP:

## 5. NEW SUBDIVISION

If plan registered within the last month show prior Lot/Section (if applicable)/DP or SP details.

## 6. REGISTERED PROPRIETORS DETAILS

Registered Proprietor(s) full name and residential address (include vendor's details if different to registered proprietor details):

Purchaser's full name and address:

Proposed date of settlement:

Purchase Price \$:

Purpose of Inquiry:

THE INFORMATION SUPPLIED IS COMPLETE AND ACCURATE AT THE TIME OF PREPARATION.

Applicant's Signature:

Date:

Acting for:

IMPORTANT: Complete all parts as requested. Insufficient information may result in the return of the form