

APPLICATION FOR CERTIFICATE UNDER SECTION 603

Local Government Act 1993

Applicants Name and Address
Applicants Reference



Cabonne Council
PO Box 17
MOLONG NSW 2866

Rates Department
Ph (02) 6392 3280
Fax (02) 6392 3260

Website: www.cabonne.nsw.gov.au Email: council@cabonne.nsw.gov.au

Fee: \$100.00
Urgency Fee \$132.90 Extra
2024/2025 financial year

Property Location						
Parish	County	Locality	House No	Street Name		
Nearest Cross Street		Side of Street	Frontage		Depth	Area
Nature of Property						

Legal Description			
Lot No	DP	Section No	Portion Number

New Subdivision	Supply details of the land before subdivisions ONLY where the lot is part of a recent subdivision					
Subdividers Name	Street Name	Lot	DP	Portion	Section	Area & Dimensions

Registered Proprietor's Full Name & Residential Address	
Proprietors Full Name and Address	Occupiers Name
Purchasers Full Name and Address	Purpose of inquiry

Proposed Date of Settlement - _____	<p>I would like to receive certificate by</p> <p>email <input type="checkbox"/> post <input type="checkbox"/></p>	<p>Phone No</p> <hr/> <p>Email Address</p>
Applicants Signature	Acting For	Date