

# KEMPSEY SHIRE COUNCIL

Civic Centre, 22 Tozer Street, Kempsey 2440  
PO Box 3078, West Kempsey 2440  
Phone 02 6566 3200 Fax 02 6566 3205  
Web: www.kempsey.nsw.gov.au Email: ksc@kempsey.nsw.gov.au



APPLICATION 603

## APPLICATION FOR CERTIFICATES UNDER SECTIONS 603

### Local Government Act 1993

### Office Use Only

To the General Manager  
Kempsey Shire Council  
PO Box 78  
WEST KEMPSEY 2440

Assessment: \_\_\_\_\_

LA: \_\_\_\_\_

### APPLICANT'S NAME AND FULL POSTAL ADDRESS

Name: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

#### Tick Items Required:

- |  |                            |
|--|----------------------------|
| (a) Certificate under Section 603          | - Fee \$80.00              |
| (b) Phone Order                            | - Fee \$ 6.00 Includes GST |
| (d) Cancellation                           | - Fee \$18.50 Includes GST |
| (e) Duplicate of Certificate               | - Fee \$17.50 Includes GST |
| (f) Water Meter Read                       | - Fee \$87.80 Includes GST |
| <i>Preferred Date for Meter Read</i> _____ |                            |
| (g) Average Daily Water Usage              | - Fee \$37.50 Includes GST |

Applicant's Reference: \_\_\_\_\_

Applicant's Phone No. \_\_\_\_\_

Applicant's Fax No. \_\_\_\_\_

Cheque Herewith: \_\_\_\_\_

\$ \_\_\_\_\_

**Payment of the correct fees must accompany the application.**

### DESCRIPTION OF PROPERTY

(All items to be included. Insufficient information may result in the return of the application).

<b>Shire:</b> Kempsey		<b>County of</b>		<b>Parish of</b>	
<b>Town/Village:</b>			<b>Street:</b>		<b>House No:</b>
<b>Lot:</b>	<b>DP:</b>	<b>Section:</b>		<b>Area:</b>	

### OWNER'S FULL NAME AND ADDRESS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### PURCHASER'S FULL NAME AND ADDRESS

Name: \_\_\_\_\_

Address: _____	Purchase Price \$ _____	Reason for Certificate <input type="checkbox"/> Sale <input type="checkbox"/> Refinance
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**NEW SUBDIVISIONS** – Where the lot is part of a new subdivision, details of the land before subdivision must be provided.

Subdivider's Name: _____		Street: _____	
Lot: _____	DP: _____	Section: _____	Area: _____

### APPLICANT'S SIGNATURE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Amount Paid: \$ _____	Receipt No: _____	Date: _____
Certificate No: _____		