

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 FOR REVIEW OF CLASSIFICATION

APPLICANTS DETAILS

Organisation: _____
 Contact Person: _____
 Address: _____
 Suburb: _____ Postcode: _____
 Phone number: _____ (M) _____
 Email: _____

DETAILS

Assessment Number: _____
 Identification/description of land the application relates to (LOT/DP): _____

 Current classification/sub-classification of the land: _____
 Proposed classification/sub-classification of the land: _____
 Reason WHY the proposed classification/sub-classification is more appropriate: _____

 Date sought for re-classification to take effect: _____

APPLICANT SIGNATURE

Print Name: _____
 Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Date of Review: _____
 Review Comments: _____

 Approved/Denied (Please circle)
 Reason(s): _____

 Register Updated: YES / NO
 Rate Code Updated: YES / NO
 Ratepayer advised: YES / NO
 Reviewer _____ Date: _____