

Application for a Certificate

Section 603 Local Government Act 1993

After the certificate is issued a verbal update of the information may be provided for a period of three (3) months Standard (\$90) Urgent (\$164.50) (Tick appropriate square) Certificate Type Surname or company name **Applicants Details** Phone_____Fax____ Reference_____ Email **Delivery Instructions** □ Post □ E-mail □ Fax □ Collection Address **Return Address** (if different from above) Lot/Section/Deposited Plan(DP) _____/ ____/ **Property Details** Address Parish _____ County ____ Locality ____ Post: PO Box 21, Picton NSW 2571 **Return Details Email**: council@wollondilly.nsw.gov.au In Person: 62-64 Menangle Street Picton NSW **Phone:** 02 4677 8282 **Fax**: 02 4677 2339 Receipt Number _____ Date ____ Fee \$____ Office Use Only Certificate No _____ Assessment ____ Property Number _____ Bin Service Yes/No Pensioner Yes/No ☐ Cheque ☐ Credit Card ☐ Corporate Card (Tick appropriate square) **Payment Details** MASTERCARD · VISA · AMEX Your signature below is an authority for Council to issue a sales voucher or debit your card for the amount shown below as your payment for Rates / Debtor Account. (Please note: A 1% service fee applies to all card transactions) Card Number Card Expiry Date Cardholders Name Cardholders Signature__