

Lithgow City Council
180 Mort Street Lithgow NSW 2790
Telephone (02) 63549999

Postal Address: PO Box 19 Lithgow NSW 2790 Fax: (02) 63513858

APPLICATION FOR DRAINAGE DIAGRAM

NAME OF APPLICANT:

POSTAL ADDRESS:

APPLICANT/S REFERENCE:

TELEPHONE NO.:

PROPERTY DESCRIPTION

District, Town or Village: _____

Street: _____ House No.: _____

Lot: _____ Portion: _____ Section: _____

DP: _____ Parish: _____ County: _____

Nearest Cross Street: _____

OWNER/S FULL NAME: _____

An application fee of \$36.50 is enclosed herewith.

Please tick if a receipt is required

Signature of Applicant: _____ Date: _____

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE.

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council.

We will take reasonable care not to disclose personal information. Exempt documents may come under Section 12 of the Local Government Act.

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OFFICE USE ONLY

Receipt:
Amount: \$ _____

Date Paid: _____

Drainage Cert. No.: _____

Property No.: _____