

# Property Information Enquiry

Narrandera Shire Council  
141 East Street  
Narrandera NSW 2700



[www.narrandera.nsw.gov.au](http://www.narrandera.nsw.gov.au)

## Property Details

Property Name

Assessment number (refer to rates notice)

Unit/House #

Street/Road

Town

Lot/s

Section/s

DP/s

If insufficient space attach list

## Applicant Details

Name

Company

Postal Address

Town / City

State

Postcode

Phone Number

Fax Number

Mobile Number

Email Address

Your Reference

Signature

Date

## Owner Details

Name

Company

Postal Address

Town / City

State

Postcode

Phone Number

## Certificates Required

Rates & Charges Certificate	<input type="checkbox"/>	<b>s603</b> (Local Government Act 1993)	<b>\$100.00</b> (GST Free)
	<input type="checkbox"/>	<b>Special Water Meter Read</b> Date required: <input type="text"/>	<b>\$76.00</b> (GST Free)
Planning Certificates per assessment (refer to property owners rates notice)	<input type="checkbox"/>	<b>10.7(2)</b> (Environmental Planning & Assessment Act 1979)	<b>\$69.00</b> (GST Free) per certificate
	<input type="checkbox"/>	<b>10.7(2) &amp; (5)</b> (Environmental Planning & Assessment Act 1979)	<b>\$173.00</b> (GST Free) per certificate
Outstanding Notices	<input type="checkbox"/>	<b>s9.3-s9.37</b> (Environmental Planning & Assessment Act 1979 and Local Government Act 1993)	<b>\$162.00</b> (GST Free) per certificate
Outstanding Orders	<input type="checkbox"/>	<b>s735A</b> (Environmental Planning & Assessment Act 1979 and Local Government Act 1993)	<b>\$170.00</b> (GST Free) per certificate
Sewer Details	<input type="checkbox"/>	<b>Sewer &amp; Mains Diagram Request</b>	<b>\$52.50</b> (GST Free)

## Forwarding Instructions

☐ Email to Applicant

## Lodgement Details

You can lodge this application by:

MAIL: Narrandera Shire Council  
141 East Street  
Narrandera NSW 2700

EMAIL: council@narrandera.nsw.gov.au  
Phone: 02 6959 5510

For further information regarding your application please contact Narrandera Shire Council's Customer Service on the above details

## Payment

☐ Cash ☐ MASTERCARD

☐ VISA or

Card Number:

Expiry Date:

Cardholders Name:

Total \$:

## OFFICE USE ONLY

Receiving Officer <input type="text"/>	Date Received <input type="text"/>	Assessment <input type="text"/>
Total Fee's <input type="text"/>	Receipt # <input type="text"/>	Date Completed <input type="text"/>
		Certificate # <input type="text"/>