

APPLICATION FOR 603 CERTIFICATE

APPLICANT DETAILS

Name(s): _____
Postal Address _____
Suburb _____ State _____ Post Code _____
Phone _____ Mobile _____ Reference _____
Email _____

ADDRESS OF THE PROPERTY SUBJECT TO THIS APPLICATION

Number _____ Street _____ Area _____
Suburb _____ Post Code _____
Lot _____ Section _____ DP _____
Owners: _____
Nature of Property (Residence/ _____)

APPLICANTS CONSENT

Signature _____ Date _____
Purpose for which certificate is required _____

OFFICE USE ONLY

Assessment _____ Parcel No _____
603 Certificate \$ _____ Receipt No. _____
Date _____ CSO _____