



## APPLICATION FOR 603 CERTIFICATE

Singleton Council  
Queen Street  
Singleton NSW 2330

Postal Address  
PO Box 314  
Singleton NSW 2330

Phone: (02) 65787290  
Fax: (02) 65724197

### 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 \_\_\_\_\_