

## Conveyance Certificate Application

Applicant Details			
Company Name:			
Surname:		First Name:	
Address:			
Suburb:		Postcode:	
Phone (h):		Phone (w):	
Phone (m):		Fax:	
Reference:			

Property Description (Please supply address details)			
Address:			
Suburb:			
Lot No.	DP No.	Section.	
Owner:	Purchaser:		
Please select certificate/s required			
603 CERTIFICATE	<input type="checkbox"/>		
DIAGRAM OF DRAINAGE SERVICE	<input type="checkbox"/>		
OUTSTANDING ORDERS AND NOTICES	<input type="checkbox"/>		
NOXIOUS WEEDS CERTIFICATE	<input type="checkbox"/>		
SECTION 149 CERTIFICATE	<input type="checkbox"/> 149 (2)	<input type="checkbox"/> 149 (2&5)	<input type="checkbox"/> 149 (CDC info only)
<b>CERTIFICATES TO BE:</b>	<input type="checkbox"/> MAILED OUT	<input type="checkbox"/> PICKED UP	
<p>Diagram of Drainage Service Disclaimer : Position and boundaries being approximate only and that they may have been drawn from original building plans, discrepancies can result from amendment, the type of lines and unpermitted work. Before any building is commenced, location of drainage lines is recommended...this diagram only indicates availability of sewer and any sewerage service as existing on Councils records.</p>			
OFFICE USE ONLY			
Certificate/s:			
Total Paid:	Rec:	Date Rec:	CSO: