



Existing Onsite Sewerage Management System Inspection Application
Local Government Act 1993

Applicant's Details

Name:					
Address:					
Town/City:		State:		Postcode:	
Phone:		Email:			
Fax:	Do you wish to be added to Councils Mailing List?				
Mobile:		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Applicants Signature:		Date of Application:			

Current Owner's Details (if different from above)

Name:					
Address:					
Town/City:		State:		Postcode:	
Contact Phone:		Email:			

Description of Land

Street/Rural Address No.					
Street/Road:					
Town/Locality:		State:		Postcode:	
Lot/s:		Section/s:			
DP/s:		Parish/s:			
County/s:					

System Details (If available)

Type	(eg. Septic Tank)
Size	
Type of Disposal	(eg. Absorption Trench)
Location	(eg. East of Dwelling)
Date of Installed	
Other details	

OFFICE USE ONLY

Receipt No: _____	Amount: _____	Date: _____
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