# APPLICATION FOR CERTIFICATE UNDER SECTION 603

LOCAL GOVERNMENT ACT 1993

	Central Tablelands Water	Applicants Full Name and Address:
	PO Box 61	(Responses will be returned to this address)
j	BLAYNEY NSW 2799	
	Ph: (02) 6391 7200	
	Fax: (02) 6368 2451	
	Email: water@ctw.nsw.gov.au	Applicants Reference:
C E N T R A L TABLELANDS	Fee: \$70.00	
Water	2014/2015 Financial Year	

OFFICE USE ONLY	DATE RECEIVED:	RECEIPT NO:	ASSESSMENT #:	FILE REFS:
File: RV.CF.1				

PROPERTY LOCATION: (COMPLETE ALL LINES)					
LOCAL COUNCIL NAME	PARISH		COUNTY		
Locality (SUBURB/TOWN/VILLAGE/DISTRICT)		HOUSE NUMBER	STREET NAME		

LEGAL DESCRIPTION: (COMPLETE THE INFORMATION IN FULL TO ENABLE INDENTIFICATION OF THE PROPERTY)				
LOT NO	DP	SECTION	PORTION	

REGISTERED PROPRIETOR'S FULL NAME & RESIDENTIAL DETAILS			
PROPRIETORS FULL NAME AND ADDRESS	OCCUPIERS NAME		
PURCHASERS FULL NAME AND ADDRESS	PURPOSE OF INQUIRY		

## PROPOSED DATE OF SETTLEMENT:

Applicants Signature:	Contact:	
Date:	Phone:	Fax:

#### PLEASE NOTE: CTW PROVIDES POTABLE WATER TO THE FOLLOWING TOWNS & VILLAGES

BLAYNEY SHIRE COUNCIL - part only, being the Towns of Blayney, Carcoar, Lyndhurst, Mandurama & Millthorpe

CABONNE SHIRE – part only, being the Towns of Canowindra, Cargo, Cudal, Eugowra, Manildra & Moorbel

WEDDIN SHIRE COUNCIL – part only, being the Towns of Grenfell & Quandialla

COWRA SHIRE - part only, being rural properties along Trunk Main 'C'

### PLEASE CONTACT CENTRAL TABLELANDS WATER IF YOU REQUIRE ANY FURTHER INFORMATION INSUFFICIENT INFORMATION, OR APPLICATIONS FOR PROPERTIES OUT OF OUR SUPPLY AREA WILL BE RETURNED TO THE APPLICANT

## APPLICATION FOR SPECIAL WATER METER READING

UNDER SECTION 603 LOCAL GOVERNMENT ACT 1993

	Central Tal	olelands Water		Applicant	s Full Name and	Address:
	PO Box 61			(Responses will b	e returned to this address)	
j	BLAYNEY N	ISW 2799				
	Ph: (02) 63	91 7200				
	Fax: (02) 6	368 2451				
	Email: wat	er@ctw.nsw.gov.au		Applicants	Reference:	
C E N T R A L TABLELANDS	Fee:	\$65.00				
Water	2014/2015	Financial Year				
P		-			-	
OFFICE USE C	<u>DNLY</u>	DATE RECEIVED:	RECEIP	T NO:	ASSESSMENT #:	FILE REFS:

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