

KEMPSEY SHIRE COUNCIL

Civic Centre, 22 Tozer Street, Kempsey 2440
PO Box 3078, West Kempsey 2440
Phone 02 6566 3200 Fax 02 6566 3205
Web: www.kempsey.nsw.gov.au Email: ksc@kempsey.nsw.gov.au



APPLICATION 603

APPLICATION FOR CERTIFICATES UNDER SECTION 603

Local Government Act 1993

Office Use Only

To the General Manager
Kempsey Shire Council
PO Box 3078
WEST KEMPSEY 2440

Assessment: _____

LA: _____

APPLICANT'S NAME AND FULL POSTAL ADDRESS

Name: _____

Full Postal Address: _____

Tick Items Required:

- (a) Certificate under Section 603 - **Fee \$90.00**
- (b) Cancellation - **Fee \$ 21.60** Includes GST
- (c) Duplicate of Certificate - **Fee \$19.00** Includes GST
- (d) Water Meter Read - **Fee \$95.55** Includes GST
Preferred Date for Meter Read _____
- (g) Average Daily Water Usage - **Fee \$41.00** Includes GST
- (h) Cancellation of supply or no meter supply - **Fee \$26.00** Includes GST
- (i) Account refund processing fee - **Fee \$12.25** Includes GST

Applicant's Reference: _____

Applicant's Phone No. _____

Applicant's Fax No. _____

Cheque Herewith: _____

\$ _____

Payment of the correct fees must accompany the application

DESCRIPTION OF PROPERTY

(All items to be included. Insufficient information may result in the return of the application).

Shire: Kempsey		County of		Parish of	
Town/Village:			Street:		House No:
Lot:	DP:	Section:		Area:	

OWNER'S FULL NAME AND ADDRESS

Name: _____

Address: _____

PURCHASER'S FULL NAME AND ADDRESS

Name: _____

Address: _____	Purchase Price \$ _____	Reason for Certificate <input type="checkbox"/> Sale <input type="checkbox"/> Refinance
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NEW SUBDIVISIONS – Where the lot is part of a new subdivision, details of the land before subdivision must be provided.

Subdivider's Name: _____		Street: _____	
Lot: _____	DP: _____	Section: _____	Area: _____

APPLICANT'S SIGNATURE

Signature: _____ Date: _____

OFFICE USE ONLY

Amount Paid: \$ _____	Receipt No: _____	Date: _____
Certificate No: _____		

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WEST KEMPSEY 2440

Assessment: _____

LA: _____

APPLICANT'S NAME AND FULL POSTAL ADDRESS

Name: _____

Full Postal Address: _____

Tick Items Required:

- | | |
|--|----------------------------|
| (a) Certificate under Section 603 | - Fee \$85.00 |
| (b) Phone Order | - Fee \$ 6.00 Includes GST |
| (d) Cancellation | - Fee \$21.00 Includes GST |
| (e) Duplicate of Certificate | - Fee \$18.50 Includes GST |
| (f) Water Meter Read | - Fee \$93.00 Includes GST |
| <i>Preferred Date for Meter Read</i> _____ | |
| (g) Average Daily Water Usage | - Fee \$40.00 Includes GST |

Applicant's Reference: _____

Applicant's Phone No. _____

Applicant's Fax No. _____

Cheque Herewith: _____

\$ _____

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DESCRIPTION OF PROPERTY

(All items to be included. Insufficient information may result in the return of the application).

Shire: Kempsey		County of		Parish of	
Town/Village:			Street:		House No:
Lot:	DP:	Section:		Area:	

OWNER'S FULL NAME AND ADDRESS

Name: _____

Address: _____

PURCHASER'S FULL NAME AND ADDRESS

Name: _____

Address: _____

Purchase Price

\$ _____

Reason for Certificate

Sale Refinance

NEW SUBDIVISIONS – Where the lot is part of a new subdivision, details of the land before subdivision must be provided.

Subdivider's Name:		Street:			
Lot:	DP:	Section:	Area:		

APPLICANT'S SIGNATURE

Signature: _____

Date: _____

OFFICE USE ONLY

Amount Paid:	\$ _____	Receipt No:	_____	Date:	_____
Certificate No:	_____				