



KEMPSEY SHIRE COUNCIL APPLICATION FOR ARCHIVED FILES

When to use this form

This form is used to request an archive search.

To complete this form

- Use black pen only
- Print using BLOCK LETTERS
- Place a cross in the appropriate box where applicable
- Sign the form
- Attach copies of supporting documentation where instructed

Fees

A Schedule of Fees and Charges is available at www.kempsey.nsw.gov.au/fees-and-charges.html

Where to send this form

Kempsey Shire Council
PO Box 3078
WEST KEMPSEY NSW 2440
Fax: 02 6566 3205
ksc@kempsey.nsw.gov.au

lodgment in person

22 Tozer Street
WEST KEMPSEY NSW 2440

Notes:

There is no guarantee of locating the requested information
Floor plans are only available with the owner's consent

For more information

For more information about making this application please contact Kempsey Shire Council on 6566 3200.

PRIVACY STATEMENT: Council collects and holds personal information for a number of reasons related to Council business eg to process applications, to issue rate notices, to process correspondence. When you provide personal information to Council it is used in accordance with privacy laws applicable to Council. Your personal information will only be used for purposes related to the business of Council.

V: 1.10.16





KEMPSEY SHIRE COUNCIL APPLICATION FOR ARCHIVED FILES

SECTION B – Property Details

Application Number(s) (if known):

Lot Section Deposited Plan

Street No. Address

Suburb/Town

State

Postcode

Type of Building: _____

Approximate Year Built: _____

Previous Owners Details (if known)

Company Name (if applicable)

Surname

Given Name/s

Information Requested

Plans Consents Other

Additional Information: _____

Reason for requesting this information: _____



KEMPSEY SHIRE COUNCIL APPLICATION FOR ARCHIVED FILES

SECTION C – Owners Consent (if requesting floor plans)

I/we being owners of the property mentioned within this form hereby consent to the making of this archive application and authorise the applicant to access all available details and plans.

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given Name/s

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature: _____

Date

 /

 /

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given Name/s

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature: _____

Date

 /

 /

SECTION D – Applicants Signature

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given Name/s

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature: _____

Date

 /

 /

SECTION E – Office Use Only

Amount Paid

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Receipt No.

--	--	--	--	--	--	--	--	--	--

Date: DD MM YY

		/			/		
--	--	---	--	--	---	--	--

CSO: _____