

* This form is valid for the financial year 2020-2021



APPLICATION FOR LEGAL POINT OF DISCHARGE AND COUNCIL EASEMENT INFORMATION

In accordance with the **Building Act 1993** and the **Building Regulations 2018: Regulation 133(2)**

APPLICANT DETAILS

All sections must be completed

Name:

Company:

Address:

Suburb:

Postcode:

Telephone:

Email Address:

PROPERTY ADDRESS FOR WHICH THE INFORMATION IS BEING REQUESTED

Address:

Suburb:

Postcode:

Lot Number:

Plan of Subdivision:

Volume:

Folio:

INFORMATION TO BE SUBMITTED WITH THE APPLICATION

A recent copy of the Land Title (if the land has not been developed or built on)

Payment of \$144.65 (no GST applicable)

IMPORTANT INFORMATION

The Legal Point of Discharge and Council Easement Information application fee is non-refundable.

Please ensure that you provide a Land Title specifically for the allotment you are requesting the details for. If the Land Title has not been released yet, Council will not have the requested details available.

Submission of a parent Land Title when seeking information for a subdivided individual allotment is insufficient. In these circumstances, information will be provided for the parent property and you will be required to resubmit a new application for the individual allotment once it has been Titled.

The completed application form and accompanying documentation can be submitted to
mail@wyndham.vic.gov.au or posted to PO Box 197, Werribee VIC 3030

PRIVACY STATEMENT: The personal information requested on this form is being collected by Council for the purpose of this application. Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for the delivery of services and information. For further information on how your personal information is handled, visit Council's Privacy Policy at: <https://www.wyndham.vic.gov.au/privacy-policy>



Credit Card Payment Form

TO:
WYNDHAM CITY COUNCIL

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FROM:

.....

PAYMENT FOR:
LPD & EASEMENT INFORMATION APPLICATION

.....

BANKCARD MASTERCARD VISA

Card Number

EXPIRY DATE /

CARD HOLDER'S
NAME.....

AMOUNT \$144.65

SIGNATURE.....
(I declare that the information supplied is true and correct)

DATE.....

CONTACT PHONE NUMBER.....