



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)

APPLICANTS DETAILS

Name:

Company:

Address:

Suburb:

Postcode:

Telephone:

Email Address:

PROPERTY DETAILS (where the information is required for)

Address:

Suburb:

Postcode:

Lot Number:

Plan of Subdivision:

SUPPORTING DOCUMENTS

A recent copy of the Land Title for the **specific** allotment.

Payment of \$146.84 (no GST applicable) upon submission of this application.

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 property address you are requesting the information for. If the Land Title has not yet been released, Council will not have the requested information available and will only provide you with a generic response. You will then be required to resubmit a new application once you have the relevant Land Title.

Submission of a parent Land Title when seeking information for a pending individual allotment is insufficient. In these circumstances, information will be provided for the parent property. You will then be required to resubmit a new application once you have the relevant Land Title.

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 – CONSENTS & PERMITS

PAYMENT FOR:

LEGAL POINT OF DISCHARGE APPLICATION

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BANKCARD MASTERCARD VISA

Card Number

EXPIRY DATE

CARD HOLDER NAME

AMOUNT \$146.84

SIGNATURE

.....

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

DATE

CONTACT PHONE NUMBER

Wyndham City, 45 Princes Highway, Werribee
Phone: 1300 023 411
Email: mail@wyndham.vic.gov.au