

SECTION 603 CERTIFICATE APPLICATION FORM

*Failure to complete all relevant details on this form may result in application being returned.
Fax: 02 6921 2241 Email: admin@rwcc.nsw.gov.au

Please note there is a 14 day turnaround for Section 603's

Section 603 Application Fee: \$80.00 (valid to 30/07/17)

Method of Payment: Cheque / Credit Card

From: Please insert company name & return postal address. (No DX's)		APPLICANTS REFERENCE:
		PROPOSED SETTLEMENT DATE:
To: Riverina Water County Council PO Box 456 WAGGA WAGGA NSW 2650		CONTACT NAME/NUMBER
		FAX NUMBER

PROPERTY DETAILS

UNIT/HOUSE NUMBER	STREET NAME	LOCALITY (Suburb/Town/Village/District)
LOCAL COUNCIL NAME	AREA (Sq M or Ha)	PROPERTY TYPE (Vacant Land/Residential/Farm)

LEGAL DESCRIPTION

LOT NUMBER(S)	SECTION NUMBER(S) (If applicable)	DEPOSITED NUMBER(S) / STRATA PLAN
FOLIO IDENTIFIERS (if applicable)	OTHER IDENTIFIERS (If applicable)	PRE-SUBDIVISION DESCRIPTION (Only if recent)

REGISTERED PROPRIETOR/VENDOR/PURCHASERS DETAILS

REGISTERED PROPRIETOR'S FULL NAME & ADDRESS		VENDOR'S SOLICITOR/CONYEYANCER
VENDOR'S FULL NAME & ADDRESS (If same, write "As Above")		PURCHASE PRICE
PURCHASER'S FULL NAME & ADDRESS		PURPOSE OF INQUIRY
APPLICANTS SIGNATURE	ACTING FOR (Vendor/Purchaser/Mortgagee)	DATE

Credit Card Authorisation Form

I _____ of _____ (company name)

hereby authorise Riverina Water County Council to deduct the amount of

\$_____ from the below credit card for charges relating to the Section

603 Application at _____ (property address).

Signature: _____

Credit Card Details

Card Name: _____

Credit Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Exp Date: _ _ / _ _

Cardholder Signature: _____

Contact Phone Number: _____