

DIVIDING FENCES ACT 1991

APPLICANTS DETAILS	
Name:	
Property Address:	
Lot: DP: EMAIL:	
Postal address:	
(if different to property address) I agree not to make the personal information sought available to other parties and to use the period information for the sole purpose of serving a notice under the Dividing Fences Act 1991.	ersonal
Applicant Signature: Contact No:	
SUBJECT PROPERTY DETAILS (the property you request information about)	
Lot: SP: DP:	
Street Address:	
SITE PLAN - Draw a site plan showing the boundary in common or provide an accurate description to denote the pr	operty.
Name:	
Address:	
Authorising Officer: Date: Property/Parcel No: Date:	
PRIVACY POLICY By completing this form you are enabling Wollondilly Shire Council to collect personal information about you for the purpose of assisting in the determination of your application. This information is required by law and failure to provide the information may lead to rejection or delays of your application. At any time the right to access, view or correct the personal information that you have provided. The information will be stored in Council's record system and may be Council's website or be subject to a request to access information under the Government information (Public Access) Act 2009 (GIPAA).	e you have
Administration Centre, P O Box 21 PICTON, 62-64 Menangle Street, PICTON NSW 2571 Phone: (02) 4677 1100 Fax: (02) 4677 2339	

Email: council@wollondilly.nsw.gov.au Web: www.wollondilly.nsw.gov.au