



REQUEST FOR COPY OF APPROVAL TO OPERATE SEWAGE MANAGEMENT SYSTEM LICENSE

Fee of \$34

Payment to be made on-line via Council's
website at time of lodging request

APPLICANT

Name: _____

Address: _____ Postcode: _____

Phone No: _____

E-mail: _____

PROPERTY DETAILS

Location:

Street No: _____ Street Name: _____

Suburb: _____

Lot No: _____ Section: _____ DP/SP No: _____

CONSENT

Signature of Owner / Solicitor / Agent: _____ Date: ____/____/____

OFFICE USE ONLY

Authorising Officer: _____ Property/Parcel No. _____ Date: ____/____/____

ATO No. _____ Payment Received (QC 423) _____

Wollondilly Shire Council, PO Box 21 PICTON, 62-64 Menangle Street PICTON NSW 2571

Phone: (02) 4677 1100

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