



Description of matter: Property Address:	
Name:	Date of Birth:/ Age:
Flat / Street No: Street:	
Suburb or Town:	Post Code:
Phone: Occupation:	
This statement made by me accurately sets out the evidence which I would be prepared, if necessary, to give in court as a witness. The statement is true to the best of my knowledge and belief, and I make it knowing that, if it is tendered in evidence, I shall be liable to Prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.	
	·
Signature:	Date:/
Witness:	Date:/

STATEMENT CONTINUED:	
Signature:	Date://
Witness:	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 process 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 tine you have 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 placed on Council's website or be subject to a request to access information under the Government information (Public Access) Act 2009 (GIPAA).