APPLICATION FOR CERTIFICATE UNDER SECTION 603

Local Government Act 1993

Applicants Name and Address

Applicants Reference

Cabonne Council
PO Box 17
MOLONG NSW 2866

Rates Department
Ph (02) 6392 3280
Fax (02) 6392 3260

Website: www.cabonne.nsw.gov.au Email: council@cabonne.nsw.gov.au

Fee: $105.00

Urgency Fee $141.30 Extra

2026/2027 financial year

Property Location

Parish	County	Locality	House No	Street Name	
Nearest Cross Street	Side of Street	Frontage	Depth	Area	
Nature of Property					

Legal Description

Lot No	DP	Section No	Portion Number

New Subdivision

Supply details of the land before subdivisions **ONLY** where the lot is part of a recent subdivision

Subdividers Name	Street Name	Lot	DP	Portion	Section	Area & Dimensions

Registered Proprietor's Full Name & Residential Address

Proprietors Full Name and Address	Occupiers Name
Purchasers Full Name and Address	Purpose of inquiry

Proposed Date of Settlement - _____	**I would like to receive certificate by** email ☐ post ☐	Phone No
		Email Address

Applicants Signature	Acting For	Date